Medical Alumni Bulletin
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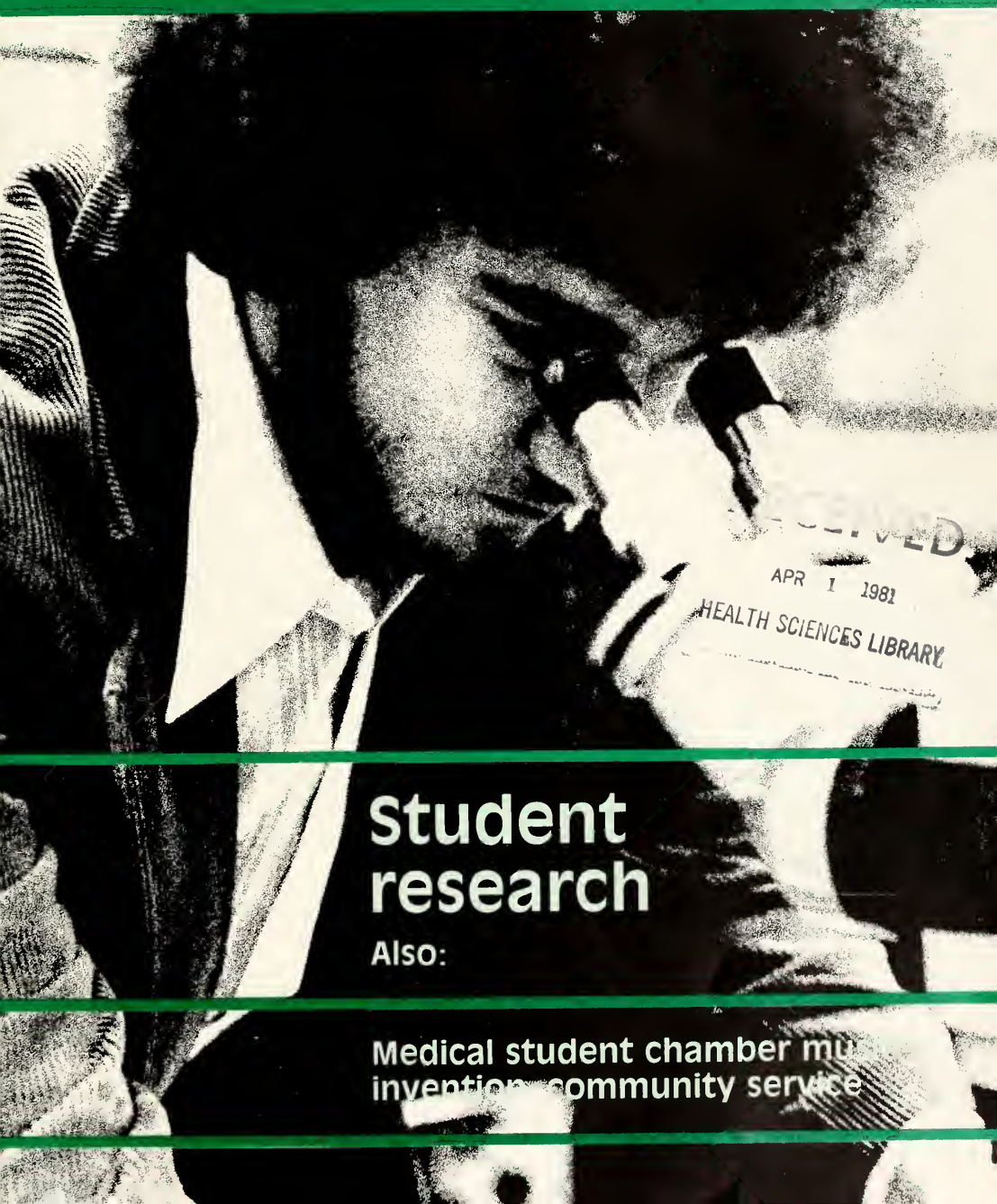

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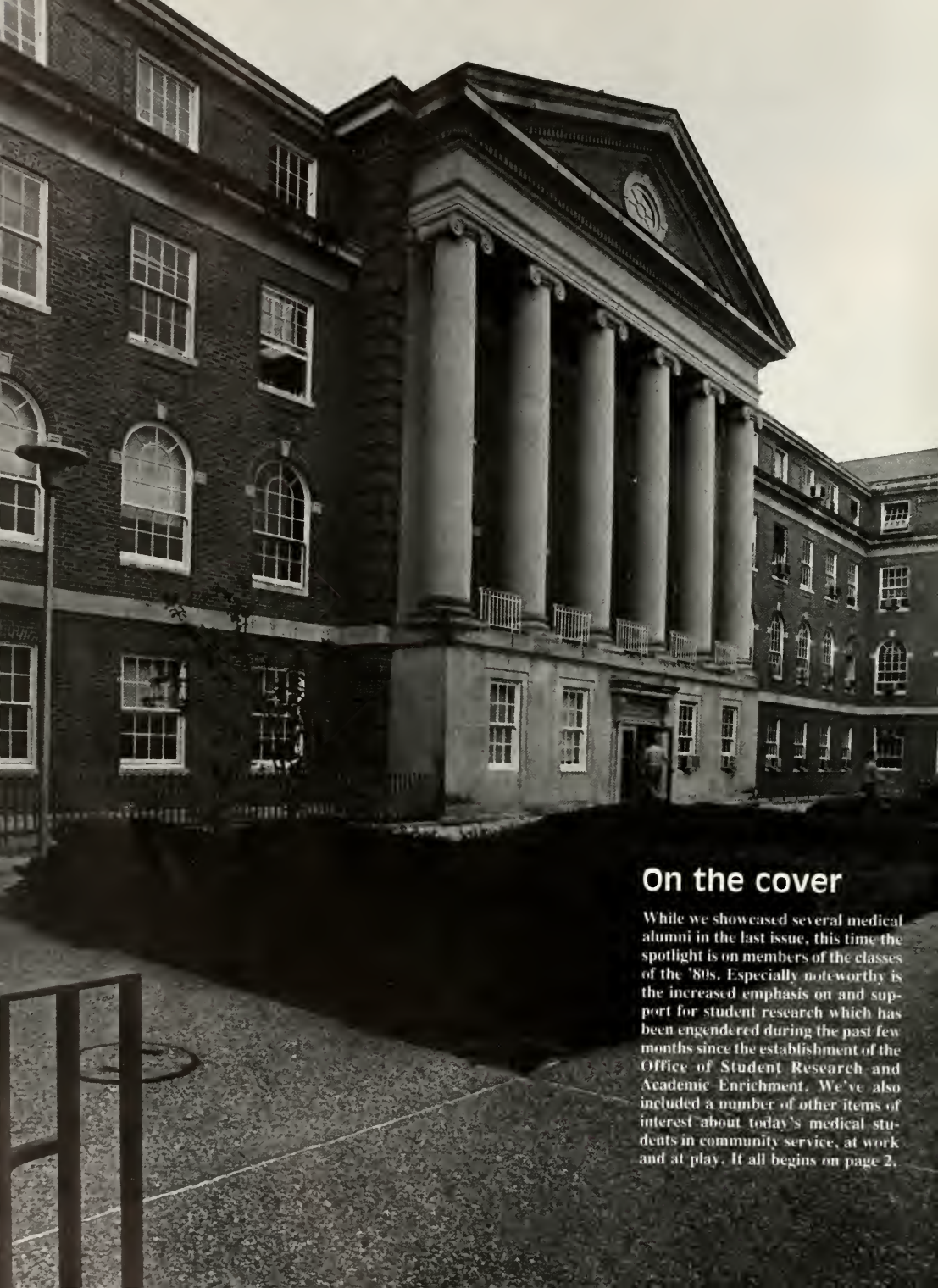

On the cover

While we showcased several medical alumni in the last issue, this time the spotlight is on members of the classes of the '80s. Especially noteworthy is the increased emphasis on and support for student research which has been engendered during the past few months since the establishment of the Office of Student Research and Academic Enrichment. We've also included a number of other items of interest about today's medical students in community service, at work and at play. It all begins on page 2.

Medical Alumni Bulletin

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Movin' on up

The second floor has moved to the fifth, and everything in the basement that isn't nailed down is being distributed between floors three and four.

That is the situation at the Health Sciences Library, now that the three-story addition has been completed.

Reference materials and current journals will remain on the first floor.

The basement and second floor are being cleared for renovation. Late next summer, extensive renovation of the first floor will begin.

The library's associate director, Mary Horres, said the entire $4 million construction and renovation project should be completed by next winter. She said the larger library will allow for a more extensive and better organized collection. Book capacity will increase from 190,000 to about 263,000 volumes.

Behind the lines

"A person can go anywhere and do anything, provided his motive is honorable."

—Samuel Newman, M.D.

Dr. Samuel Newman, C. Med. '15, died in December. We received numerous positive comments on the feature about Dr. Newman which appeared two issues back (*Medical Alumni Bulletin*, summer 1980), and it is with genuine sadness we now add this chapter to that story.

Yet because Dr. Newman touched so many lives and made such an impact on medical care and the cause of human understanding during his 90 years, this is by no means the last chapter of the story.

You may have noticed that you didn't receive an issue of the *Alumni Times* between the last and this issue of the *Bulletin*. This is because we have planned the alumni publications schedule for 1981 to provide more up-to-date coverage of School of Medicine events of interest to alumni.

An important consideration was ensuring that the *Times*, which has a much shorter production time, would correlate closely with the medical school calendar of events. This, in turn, necessitated readjusting the order of appearance of the two publications—beginning the year with the *Bulletin* and ending with *Times*, even though the *Bulletin* appeared last in 1980.

You will still receive four issues each of the *Bulletin* and the *Times* during this calendar year. And the editors and advisory board members remain interested in your feedback concerning your publications.

Speaking of events of interest to alumni, Medical Alumni Weekend (March 19-21) is so close that some of you probably have your bags packed. The alumni council and medical alumni office staff have finalized plans for what should be another excellent program.

We hope to see you here.

—JWB

New office enhances student

While opportunities for student research are nothing new at the School of Medicine, what is new is an Office of Student Research and Academic Enrichment. Under the directorship of Dr. Arthur L. Finn, professor of medicine and physiology, the office helps interested students find sponsors and funding, and it provides additional experiences designed to enhance the students' research experiences.

New funding for short-term research projects became available last May. Twenty-four students took advantage of the opportunity this summer and another one did so this fall, Finn said. Funding for long-term research—up to a year—has recently been obtained and Finn hopes to have some students initiating long-term projects at the beginning of the 1981-82 academic year.

"The National Institutes of Health made funds available to support up to 32 students a year in short-term research, and they invited proposals from schools. We asked for funding for 32 students and got it," Finn said.

The short-term funding is for three months and is renewable. Students are eligible for the NIH funding at any time after completing one semester of medical school. With this support added to that which also is available through the Clinical Cancer Education Program, the Psychiatry Research Program and the Medical Faculty Grants Committee, "we can support up to 50 students," Finn estimated.

In addition, Finn said, his office can support five or six students in long-term research projects by drawing on a variety of available sources.

"Similar funding is also provided by the Holderness program under Dr. John Sessions," Finn noted. "We're parallel programs, not competing ones."

Earlier this year Finn sent out a memo asking faculty members if they were willing to take on a student researcher. There were about 250 responses.

"There's much faculty interest in student research and the dean is very much behind it."

Students interested in research projects may opt for "anything that qualifies as scholarly activity, basic science or clinical, from molecular research to patient interaction."

"One student this summer worked on the shape of red blood cells; another did research on knee injuries in football," Finn said. And alluding to another aspect of the academic enrichment program, he added, "It's important for these two types to be able to talk to each other and to know there's a community interested in scholarly activity."

Those involved in the program meet occasionally and share informal reports of their research. During the spring semester they will be able to take a course in science writing.

"We're also working to make Student Research Day a really big thing," Finn said. His office has joined the Whitehead Society in sponsoring the annual event.

This year, in addition to the afternoon presentations, there also was an awards banquet with a guest speaker. Student presentations were judged on three levels, rather than all together as they were in the past. And medical school classes were called off to allow more people to attend.

Applicants to the School of Medicine are informed of the enrichment program, and a student becomes eligible immediately upon acceptance. (Funding for projects prior to completion of the first semester comes from sources other than the NIH grant.)

One who responded promptly to this opportunity is Peggy Gulley, a first-year student from Chapel Hill.

Each summer since she was a high school sophomore, she had worked in research here with scientists such as Dr. John B. Graham and Dr. David G. Kaufman. For the past two summers, as she completed an undergraduate degree

Student Research Day 1981

Michiko Kuno Research Award:

Michael D. Poole, MS IV, "Edema Production and Albumen Degradation by 'Vibrio Vulnificus'"; Dr. Jean H. Bowdre, sponsor.

Judges' awards:

David S. Enterline, MS III, "An Adherence Tensiometer for Evaluation of Burn Dressings"; Dr. Roger E. Salisbury, sponsors.

Stephen E. Gitelman, MS I, "Purification of Calmodulin from 'Chlamydomonas'"; Dr. George B. Witman, sponsor.

Margaret L. Gulley, MS I, "Red Cell Deformability in Normal and Abnormal States of Hydration"; Drs. Dennis W. Ross and Eugene P. Orringer, sponsors.

Dean A. Madar, MS III, "Sequelae of Abrupt Interpretation of R.I.A. Data: A Case Report"; Drs. Richard G. Hiskey and Karl A. Koehler, sponsors.

Albert J. Osbahr, MS I, "Neurotensin Induced Analgesia: Antagonism by Thyrotropin-releasing Hormone"; Dr. Arthur J. Prange, sponsor.

Martha M. Sarasua, MS I, "Laser-induced EU (III) Luminescence as a Probe of Calcium Binding to Coagulation Proteins"; Dr. Karl A. Koehler, sponsor.

esearch experiences

in biomedical engineering at Duke University. Gulley worked at UNC-CH with Drs. Dennis W. Ross and Eugene P. Orringer.

"I was always interested in research," Gulley said. "So I looked into research opportunities when considering medical schools."

She says she may have submitted her application to the student research office the day it opened.

She had become interested in the red blood cell studies of Ross and Orringer and with their sponsorship was able to pursue this interest further, spending the summer doing research in Paris. She paid her own travel expenses and received the same stipend as other students in the program.

"This was a unique opportunity," Gulley said. "There are very few ways for students to do research out of the country."

Finn said the academic enrichment program is designed to provide research opportunities both for students who, like Gulley, "have done a lot of research as undergraduates and may have a particular interest they want to continue to pursue," and those who "have a general interest and just want to do some kind of research."

Medical students who finish early and want to pursue some scholarly activity from January-June also may take advantage of the program. Similarly, an entering medical student who finishes college early and wants to continue a research project before beginning medical school may be able to do so through the Office of Student Research and Academic Enrichment.

"All the student has to do is be a medical student and find a faculty preceptor," Finn said. "Interested students come by here, fill out an application and look through the list of 250 interested faculty members for possible sponsors."

Peggy Gulley's presentation "Red Cell Deformability in Normal and Abnormal States of Hydration" brought her a Student Research Day judges' award. She's been working in medical research each summer since she was a high school sophomore and was among the first UNC-CH medical students to utilize the services of the Office of Student Research and Academic Enrichment.

Student grateful for opportunities

By Gregory C. Tesluk
Class of 1981

One of the most enriching experiences one can have as a medical student is to undertake a research project under the guidance of a faculty preceptor. There are at least three important reasons why such an experience can be tremendously rewarding. First, an involvement in a research project allows a student to form a close relationship with a faculty member, who can impart both guidance and understanding friendship to a young investigator. Second, a student researcher experiences firsthand both the tremendous excitement and the multiple frustrations of original research. With this experience, the student gains an understanding of the scientific literature, a quality which is essential for all physicians. Third and finally, a research experience allows the student to explore any interest he/she may have in an academic career, and resultant publications will greatly enhance applications for academically-oriented residencies.

The School of Medicine offers a variety of excellent research opportunities for medical students. UNC-CH has acquired a worldwide reputation in a number of areas, including renal physiology and thrombosis and hemostasis. In 1978, the School ranked 26th

among 120 medical schools, and 10th among publicly supported medical schools for total amounts of monies awarded by the National Institutes of Health.

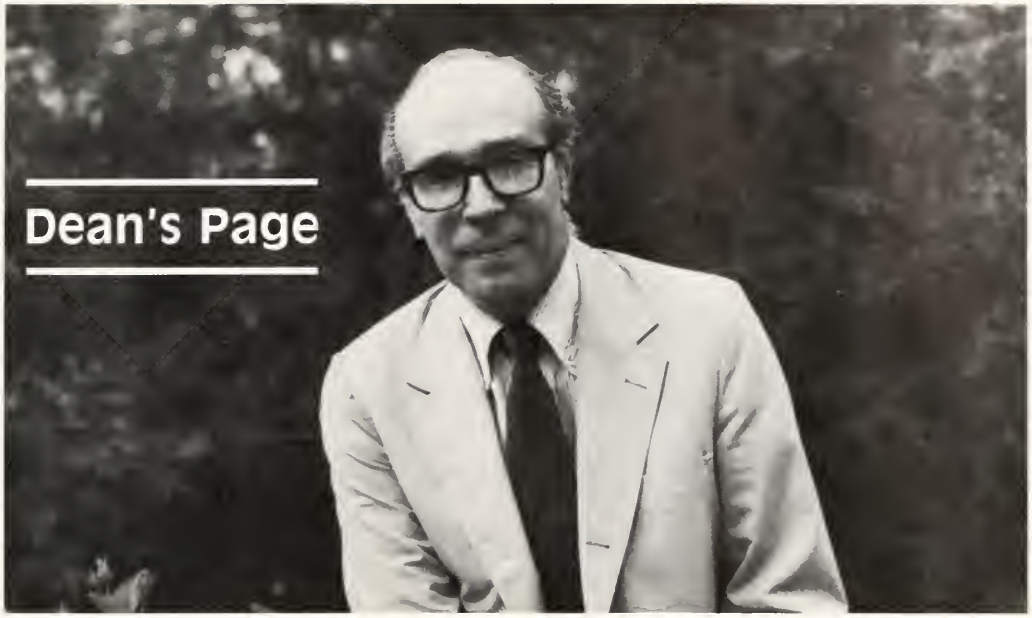
I have been involved in both laboratory and clinical investigations for three years. Approximately 25-35 percent of my class has conducted research during medical school. The great majority have done so during the summer between the first and second years. Others conduct projects part-time, or during scheduled free time in the third or fourth year.

Funding for student salaries has been available in the past through three separate research programs: the Medical Faculty Grants Committee, headed by Dr. William D. Heizer; the Clinical Cancer Education Program, headed by Dr. James F. Newsome; and the Psychiatry Research Program, headed by Dr. Richard Mailman. The student's preceptor usually provides laboratory space, materials and supplies. In the past, it has been up to the student to find out about the research activities of different faculty members, although a centralized file is now available in the recently-established office of Student Research and Academic Enrichment, directed by Dr. Arthur L. Finn. Ideally, a student will become interested in the personality and research of a faculty member, after having worked with him or her in a routine teaching situation. Most faculty members at UNC-CH are very encouraging and interested in having students join them in their laboratories.

There are two aspects of my own research work which greatly enhanced the entire experience for me. First was the almost total autonomy, which was given to me by Dr. Colin G. Thomas, professor and chairman of surgery, in the planning and carrying out of my major project. This autonomy gave me tremendous motivation toward reaching the goals I had set for myself in the project.

My research experience at Chapel Hill was further enhanced by the opportunity to present my work at a variety of research seminars. These presentations ranged from an informal student research seminar, which has been organized and conducted every summer here by Dr. William D. Heizer; to the more formalized "Student Research Day" presentations before faculty and students, which occur every January; to an expense-paid trip sponsored by the department of surgery to present a paper at the American College of Surgeons annual meeting in Chicago. Such presentations prod the student into organizing his/her thoughts and allow for a tremendously stimulating interchange with students, faculty and other scientists. In summary, I would highly recommend a research experience to any UNC medical student, and I am very grateful to the UNC faculty and staff individuals who have opened doors for me along the way. □

Gregory Tesluk recently studied glaucomatous rabbits in preparation for specializing in ophthalmology. A graduate of the University of California at Davis, Tesluk will receive his M.D. here in May and this summer will begin an ophthalmology residency at the Wills Eye Hospital in Philadelphia.



Dean's Page

The past few months have been filled with notable developments for the School of Medicine and the coming months promise to be especially interesting as well. I will use this opportunity to share, in very brief form, some of those events.

This fall we received formal notice of the results of the LCME accreditation survey. It was of course no surprise to learn of the accreditation, but it was pleasant and rewarding to learn officially that the period of accreditation awarded was 10 years, the longest which can be awarded. This is a great tribute to the strength and stability of our school and to the hard work of all associated with the accreditation process. At the risk of offending the many who worked so hard on the accreditation process, I want to thank especially Associate Dean C. N. "Red" Stover and Vice Dean Bill Easterling (M.D. '56) who led the entire effort, and former Dean Chris Fordham (C. Med. '49) who, before assuming the chancellorship, pitched in to help in many important ways.

This fall, too, we completed provisions for funding the Lineberger Cancer Research Building, named for the Lineberger family who have been so generous in the support of this building and many other projects of the university. Many other individuals, foundations and industries made contributions which were essential, and—on the basis of the strength of the research proposal by the faculty—federal support was awarded. The Lineberger Cancer Research Building will be located between the Faculty Laboratory and Office Building and the Swing Building. It will provide safe and effective facilities for non-clinical research into the causes and treatments of cancer.

In November the North Carolina Jaycee Burn Center at North Carolina Memorial Hospital was dedicated. The facility will provide the most contemporary resources for the treatment and rehabilitation of the burned patient and will be opened early this year. I am confident that despite adverse publicity, the North Carolina Jaycees will continue to support this great burn center in a sound and responsible way. I want to thank too the Beta Sigma Phi Sorority, the Folk and Square Dance Federation of North Carolina and the many other organizations and people, notably including John Stackhouse of Asheboro, Dr. Roger Salisbury, director of the burn center and Nancy Newman, head nurse of the burn center.

On Nov. 14, the Visiting Committee of the Medical Alumni Association met under the chairmanship of Dr. Marvin McCall (M.D. '56). Bill Easterling and I presented an update on developments at the school. Frank Reynolds (C. Med. '43) presented a review of the department of pediatrics and Shahane Taylor (M.D. '59) presented a review of the department of ophthalmology. It was most helpful to hear the review of departments from the perspectives of alumni and physicians in practice.

The next day Bill Blythe (C. Med. '51), president of the Medical Alumni Association, chaired a meeting of the council where there was healthy and useful discussion of many issues concerning medical education and our school.

The strong and knowledgeable influence and support of the alumni continues to be a foundation of the greatness of our school.

Stuart Bondurant

About 450 people toured the North Carolina Jaycee Burn Center after the Nov. 23 dedication ceremony.

Fall in focus

Dr. Kenneth B. Clark (right) receives a progress report on minority presence in the School of Medicine from Dr. Marion Phillips, associate dean. Clark, a widely respected authority on race relations, delivered the Merrimon Lecture this fall.

A friend to many around the medical center for the past 18 years, Fred Parker (center) retired in October, though he continues to assist the hospital's administration on a part-time consulting basis. Here Parker and his wife are honored by Eric Munson, executive director of the hospital, at a special reception.

They practice music while preparing to practice medicine

Mozart isn't required reading in medical school, but he's on the personal schedules of several medical students at UNC-CH.

They get together and practice every Saturday morning and at every opportunity they perform chamber music under the name "The Medical Instruments."

The group was formed in February 1980 when the six original members were about halfway through their first year in the School of Medicine.

"As undergraduates, all of us had played in a variety of musical groups—professional, semi-professional, university groups," according to Diane Zwicke, who now serves as chairman of The Medical Instruments.

"By the middle of last year, we missed it."

Their rigid schedules were difficult to coordinate with the equally rigid schedules of existing performing groups, so the musical med students organized a chamber music group of their own.

They obtained official university recognition and gave two afternoon concerts in Berryhill Hall. About 100 people attended each performance and the word began to spread. The Medical Instruments were invited to play for student-faculty awards night, medical school commencement, meetings, weddings and church services.

Membership in the group has grown to 15. This makes a variety of smaller ensembles, ranging from two to eight musicians, available for performances.

Zwicke said that while "none of us minds giving up Saturday mornings" to rehearse, having concert dates to prepare for makes practice sessions even more enjoyable.

The students primarily play "for the fun of it," Zwicke said, though occasional honoraria have helped to defray

From left, Larry Wyner, violin, Coin Page, viola, and Chuck Goodno, clarinet, practice for an upcoming performance by "The Medical Instruments," the medical student chamber music group.

expenses, such as the cost of music. But the organization has no budget to pay for its most crucial need—a piano.

"We would really like to perform more afternoon concerts in Berryhill or the hospital," Zwicke said. "But this is becoming increasingly difficult because we have exhausted all possibilities for borrowing a piano."

Having a piano in the medical center would also mean the group wouldn't have to seek practice space elsewhere. The music department has been able to make some of its limited space available in the past, but may not be able to do so much longer. In the meantime, The Medical Instruments may be able to practice in a local church.

"If we could find the resources to purchase a piano—not even a new piano, just something in playable condition—we could be assured of continuing both rehearsals and performances," Zwicke said.

The musical group was organized such that primary responsibility can be turned over to the second-year class each year. Members who drop out during their third-year because of the time restraints of clerkships can rejoin during their fourth year.

"We're now beginning to recruit first-year students," Zwicke said.

Dr. Richard L. Clark, associate professor of radiology, is the organization's advisor, and Zwicke said the students have received "an incredible amount of support" from the faculty, especially Dr. Stuart Bondurant, dean of the School of Medicine, and Dr. William B. Wood, (M.D. '56), director of medical alumni affairs.

"You don't find that much direct faculty contact in many schools."

She said faculty members have been helpful in arranging for concerts and have offered encouragement.

"Dean Bondurant has taken the time after many of our performances to send us a note saying how well he thought we played. It's always nice to get a pat on the back to say 'you've done a good job.' "

Anyone interested in booking The Medical Instruments can leave a message for Diane Zwicke in the Medical Sciences Teaching Lab office (966-1134).

Med student's invention aids diagnosis of heartbeats

A vibrations engineer who also happens to be a medical student has invented a device that can help doctors feel their patients' heartbeats.

It's called a palpation enhancer, because it increases a doctor's sensitivity to heart movements as he/she feels, or palpates, a patient's chest.

The device consists of a horizontal bar fixed above the patient as he/she lies on an examining table. Attached to the bar is a short rod with a plastic disc on the end. To check the patient's heartbeat the doctor simply adjusts the rod so that his/her fingers are squeezed between the disc and the patient's chest.

Thus secured, a doctor's fingers are four times more sensitive to heart movement, according to Damon Smith, inventor of the palpation enhancer.

"In the conventional method of examining a patient, the doctor's hand is free to ride up and down with the chest wall as the heart beats, so he misses a lot of information," Smith explained.

Smith, 30, is a student in the School of Medicine. Although he is just beginning to learn the intricacies of how the heart works, he is experienced in studying rhythmic motion.

A mechanical engineer by training, he worked for an air conditioning manufacturer as a vibrations engineer, trying to figure our how to make air conditioners run more quietly. He entered medical school two years ago after deciding to pursue a career in biomedical engineering.

"With my background in vibrations studies, I took a natural interest in the body's main vibrating organ, the heart," Smith explained.

Motion normally detected by doctors when they feel a patient's chest are the high frequency vibrations associated with contraction of the heart muscle. Using Smith's device, a doctor is able to feel not only the contractions more easily, but also the relaxing of the heart as it fills with blood.

"This is especially relevant," Smith said, "because the filling portion of the cycle is exaggerated with certain disease states."

Smith said the only thing about his simple device that's amazing is that it wasn't invented by someone else long ago.

"The most ancient method of trying to diagnose heart problems is by feeling it beat," he said. "Yet, for thousands of years, no one has really studied palpation and how one might increase the hand's sensitivity to the motion of the beating heart."

He noted that doctors have been using a hearing enhancer, the stethoscope, in heart examinations for more than 150 years.

"Doctors won't be walking down the hall with one of these things (palpation enhancer) around their neck, like they do with the stethoscope, but it may become a standard piece of equipment in some doctors' offices," Smith said.

He is quick to acknowledge that the palpation enhancer does not represent a major advance in cardiology. He says its usefulness is limited to the basic, initial phase of an examination, when it can help a doctor determine whether a patient may have a heart problem and what, if any, additional diagnostic tests should be done.

Smith has conducted his palpation studies with the help of Dr. Ernest Craige, a heart specialist here and an internationally recognized expert in the study of heart motions and sounds.

Craige said he expects doctors at North Carolina Memorial Hospital soon will start using the palpation enhancer when they examine heart patients in the hospital's clinics.

Using the palpation enhancer in combination with his stethoscope, cardiologist Dr. Jim Smith is better able to feel the movements of the heart that are responsible for the sounds he's hearing.

Lunch participants seeking to help relieve hunger of others

In the Chapel Hill area you can dine out in a train depot, a mill, several old homes and a variety of more conventional settings. Once a week it is also possible to eat lunch in a laboratory classroom in the School of Medicine.

And while local restaurant fare runs the gamut from simple to sophisticated, the Thursday lunch in MacNider offers the ultimate in simplicity: beans and cornbread. The price is $1.

Organized by medical students, the lunch raises money for CROP, the Church World Service hunger relief organization. The lunch also has educational and social aspects.

"We set up this lunch to make a tangible contribution to world hunger relief and to make people aware of needs of people throughout the world and of the overconsumption so prevalent in the United States," said Dave Herrington, the primary organizer of the CROP lunch here.

"It's also a good opportunity to interact with people from all parts of the medical center."

Herrington, a second-year student, said the CROP lunch began in September and is held from 1-2 p.m. in 304 MacNider every Thursday that school is in session.

"This sort of thing was done at Davidson College when I was an undergraduate there. Several of us thought there was a possibility for support here in the medical complex."

Herrington said about 30 people come every week. Most so far have been first- and second-year students. There also have been a few physicians and secretaries, and organizers hope the group will grow and diversify.

Occasionally there may be a short program during the lunch—a speaker or film dealing with CROP or some topic related to world hunger relief. More often people just eat lunch, relax and socialize.

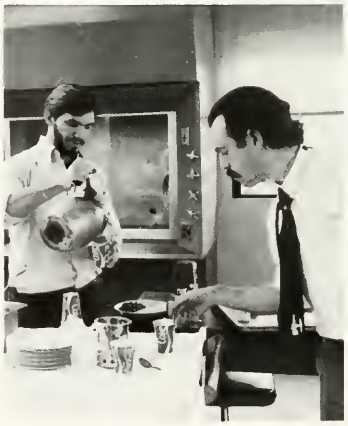
"It's really informal. People come for 10 minutes or 30 minutes. They sit with someone or by themselves," Herrington said. "One group plays bridge."

After the first six weeks, about $200 had been raised for CROP.

Herrington noted that the agencies which received designated funds through CROP last year included the American Friends Service Committee, the American Jewish Joint Distribution Committee, CARE, Catholic Relief Services and the Southern Baptist Convention Foreign Mission Board.

Herrington said that educating people about world hunger is probably as important a function of the CROP lunch as raising money. He said the menu was chosen specifically to help participants appreciate the situation of people who have little food to eat.

The lunch is prepared by the hospital cafeteria. "Mr. (Thomas) Chegash, the food service director, and Mr. (Billy) Crittenton, the kitchen manager, have handled the details," Herrington said. "We couldn't do it without them." □



Lab workbenches double as dining tables for the weekly CROP lunch. At left, Dave Herrington (left) and Dr. Tom Miller help themselves to cups of water to go along with the simple fare.

Extracts

Dr. Eugene S. Mayer, director of North Carolina's Area Health Education Centers (AHEC) program, has been honored for his national leadership in developing innovative programs of health care education and service.

During a national AHEC conference recently in Washington, officials of the other state AHEC programs around the country presented Mayer an award "in recognition of outstanding service in providing creative and eloquent leadership which has fostered the unified mission of Area Health Education Center programs throughout the United States."

Since the North Carolina AHEC program was established in 1972 with state and federal support, it has become a national model for decentralized health education. AHEC's mission is to increase the number of physicians and other health professionals in the state and to improve the public's access to health care services in all 100 counties. It has played a key role in increasing the number of primary care physicians in North Carolina over the past eight years by almost twice the national rate.

Mayer is an associate dean of the School of Medicine and holds appointments as professor of both family medicine and medicine. He is also adjunct assistant professor of epidemiology in the UNC-CH School of Public Health.

Dr. David T. Miller, former blood bank director at Lancaster (Penn.) General Hospital, has been named associate director of N.C. Memorial's blood bank.

He also has been appointed assistant professor of pathology in the School of Medicine.

Miller holds an A.B. from the University of Rochester, a Ph.D. from the University of Virginia and an M.D. from the University of Nebraska.

Almost one-third of the clinical training of medical students at UNC-CH takes place in Area Health Education Center hospitals throughout the state. Here, students board an AHEC airplane to fly to one of the nine AHEC regions. The AHEC program was cited recently for its significant contributions to medical education and health care.

Extracts

Promoting healthy lifestyles is the aim of a new community service effort of the School of Medicine and North Carolina Memorial Hospital.

It's called Project Goodlife.

The project includes quarterly publication of a "Goodlife" booklet. Some 6,000 citizens from across North Carolina and several from other states have requested subscriptions which are free. Physicians may order multiple copies from the Office of Medical Center Public Affairs, N.C. Memorial Hospital, Chapel Hill, N.C. 27514. (Phone, 919-966-3366.)

The first issue of "Goodlife" dealt with lifestyle factors that are commonly associated with longevity. Future issues will deal with health consequences of specific lifestyle factors, such as stress, exercise, smoking, weight control and highway safety.

Project Goodlife also includes free public lectures. Faculty members of the schools of medicine, nursing and public health have volunteered to give talks on a variety of subjects. The first Goodlife lectures were given in December, with more than 300 local citizens attending during the three-night series. The next Goodlife lecture series is scheduled for March.

A new service being developed by the division of rehabilitation counseling in the School of Medicine is aimed at improving the employment outlook for workers with arthritis, particularly those in the state's textile mills.

Arthritis is the leading cause of industrial absenteeism in this country, accounting for an estimated 27 million lost work days a year and $5 billion in lost wages.

The Industrial Rheumatology Rehabilitation Service is being set up in cooperation with the North Carolina Chapter of the Arthritis Foundation, the State Division of Vocational Rehabilitation Services and several major industries. The federal Rehabilitation Service Administration is providing $450,000 to fund the service for the first three years.

"This is designed to be an innovative, model program for identifying and solving some of the problems faced by workers with arthritis. As far as we know, this is the first direct link between industry, rehabilitation services and an academic medical center for the purpose of dealing with a specific health problem that has such a profound impact on industrial workers and industry itself," according to Dr. Kenneth Mitchell, associate professor and director of the division of rehabilitation counseling.

The School of Medicine has been awarded one of nine William N. Creasy Visiting Professorships of Clinical Pharmacology for the 1980-81 academic year.

The award, funding a visit to Chapel Hill by Dr. Walter T. Hughes Jr. of The Johns Hopkins University School of Medicine, was announced by The Burroughs Wellcome Fund.

The visiting professorships honor the late William N. Creasy, former president and chairman of The Burroughs Wellcome Fund.

In the course of a week spent in teaching medical students, faculty, N.C. Memorial house staff and others at the medical center, Hughes will deliver a William N. Creasy Memorial Lecture on a subject pertinent to clinical pharmacology.

Extracts

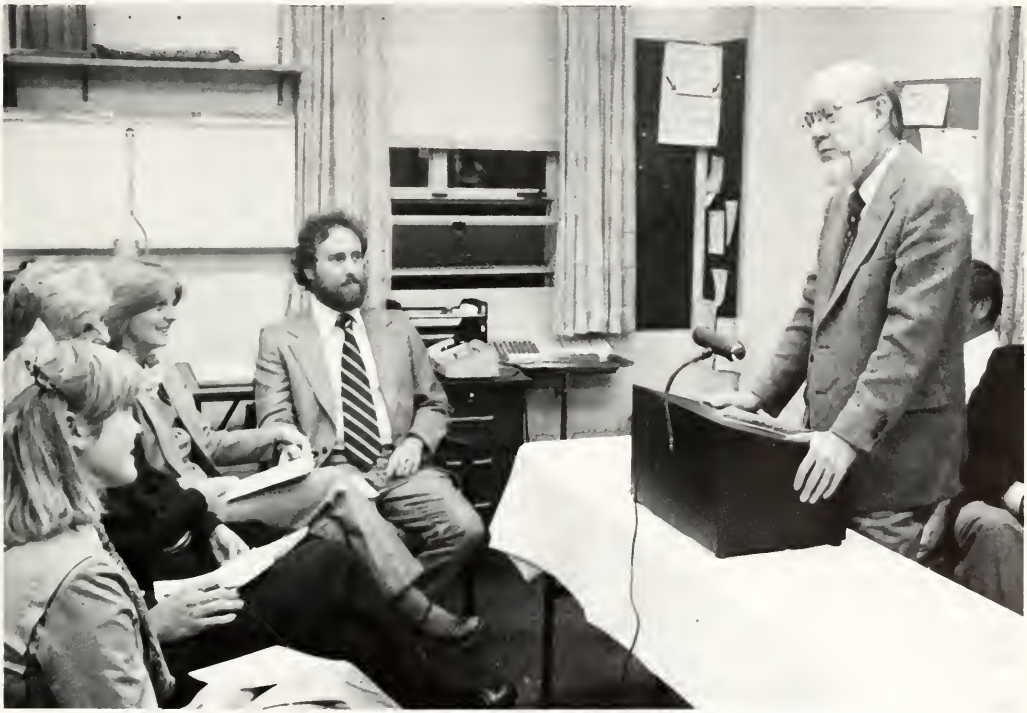
The family of the late Dr. Edgar T. Beddingfield Jr. (C. Med. '46) of Wilson has given a medical reference library in his memory to the department of family medicine.

The library, housed in the residents' work room of the Family Practice Center, was dedicated in November.

Beddingfield practiced medicine in Wilson County from 1950 until his death in 1977. In 1969, he served as president of the North Carolina Medical Society.

As a result of his keen interest in politics and government, Beddingfield had a profound influence on legislation and public policy involving health and safety on both the state and national levels.

In 1970, he was named to the prestigious Council on Legislation of the American Medical Association and served as its president in 1976 and 1977. In this capacity, Beddingfield became one of the most respected and influential spokesmen for the nation's physicians.



Dr. Jack W. Wilkerson, C. Med. '51 (right), recalled his personal and professional association with the late Dr. Edgar T. Beddingfield Jr., C. Med. '46, during the dedication ceremony for a library given in Beddingfield's honor. The medical reference library was donated by the Beddingfield family to the department of family medicine at UNC-CH.

Extracts

A researcher in the School of Medicine hopes to find out how some babies overcome breathing disorders that have been linked to sudden infant death syndrome and cerebral palsy.

Dr. Edward E. Lawson, assistant professor of pediatrics, is studying apnea, a condition that stops an infant's breathing process and usually occurs during sleep. Lawson has been awarded a $38,476 grant from United Cerebral Palsy of North Carolina for his research.

Lawson said apnea is believed to be common among normal newborn infants and is only fatal or damaging if it lasts for prolonged periods.

Lawson is studying apnea in piglets, which have a recovery reaction similar to human infants. Lawson stimulates a nerve in the piglet that induces apnea and then measures the animal's ability to recover. At the same time, he controls the oxygen to the animal through a respirator.

Lawson's study shows that if the induced apnea state is prolonged, the piglet's nervous system has a reduced ability to resume breathing.

"This appears to be a factor of development, but no one knows why," Lawson said. He hopes to find a more specific answer.

Dr. William P. Richardson, professor emeritus of preventive medicine, has received the Distinguished Service Award of the American College of Preventive Medicine.

Richardson was honored for his contributions to graduate education in preventive medicine and his years of service on the residency review committee for preventive medicine. He has served on the committee since 1962.

Dr. William P. Richardson

Richardson was the first director of the preventive medicine residency program at UNC-CH, serving from 1966 until he retired in 1977. He served for eight years on the American Board of Preventive Medicine. The last four of those years, Richardson was vice chairman for general preventive medicine.

He is a former president of the American College of Preventive Medicine, the N.C. Public Health Association and the Durham-Orange Medical Society, and he was the first president of the North Carolina Health Council.

A native of South Carolina, Richardson earned his M.D. degree from the Medical College of Virginia and a master's degree in public health from The Johns Hopkins University.

He first came to UNC-CH in 1936 as associate professor of public health administration and instructor in medical information for social workers. In 1952, when the UNC-CH School of Medicine began its expansion from a two-year to a four-year school, Richardson was named professor of preventive medicine and assistant dean for continuing education.

He first retired in 1971 though he maintained part-time faculty responsibilities until 1977.

Extracts

A leading toxicologist from the People's Republic of China was a visiting researcher in the medical school's pharmacology department this fall.

Dr. Jiong-Liang Zhou studied and conducted investigations in the laboratories of Drs. Tai Chan Peng and Curtis Harper, associate professors of pharmacology.

Zhou was here for six months under a fellowship from the World Health Organization. He said he chose to use his fellowship to study in Chapel Hill because of the large number of institutions in this area with environmental health and toxicology programs.

Zhou is a specialist in industrial toxicology and environmental health at the Sun Yat Shan Memorial Medical College in Guangzhou. He also is a member of the National Industrial Health Committee of the Chinese Medical Association. □

Chinese toxicologist Dr. Jiong-Liang Zhou (center) reviews research procedures with Drs. Curtis Harper (left) and Tai Chan Peng, associate professors of pharmacology. Zhou was a visiting researcher here this fall. His particular research interest is the long-term effect of large doses of flouride on the liver.

Class notes

Let your classmates know where you are and what you are doing. Send your latest news to the Medical Alumni Office, 231 MacNider Bldg. 202H, UNC-CH School of Medicine, Chapel Hill, N.C. 27514. If you know of an alumna or alumnus (M.D., basic science grad, former house staff or certificate of medicine recipient) who is not receiving medical alumni publications, please let us know.

Manning-Berryhill Club

Max M. Novich, C. Med. '39, was honored in Perth Amboy, N.J. with the proclamation of Dr. Max M. Novich Day and a testimonial dinner. His service as physician for the U.S. Olympic Boxing Team and his work with youth earned him induction as an honorary member of the World Boxing Hall of Fame.

40s

Mario M. Stone, HS '41, is now a Fellow in the American Academy of Neurological Orthopaedic Surgeons. He presented a paper on "Sandwich Spine Fusion with the R.R. Tracks in Dogs and Humans" at the group's annual meeting Oct. 23-26 in Las Vegas. Stone also was invited as a visiting professor and guest speaker on hip and spine surgery at the 25th International Venezuelan Orthopaedic Congress in Maracaibo, Venezuela.

He attended the XIII Central American Orthopaedic and Traumatology Congress at San Salvador, El Salvador as a guest speaker in the sections of foot and knee surgery. His son Martin Spencer finished his internal medicine residency and is in private practice in Coral Springs, Fla. while daughter Diana has returned to nursing school. Stone's son Cesar is a certified public accountant practicing in Plantation, Fla.

William E. Cornatzer, Ph.D. '44, has been honored with an endowed chair at the University of North Dakota School of Medicine where he is chairman of biochemistry. The William E. Cornatzer Chair in Biochemistry is the first professorial chair established at the medical school; the first person to hold the position will be selected after Cornatzer's retirement.

50s

John A. Kirkland, C. Med. '50, has been named chairman of the North Carolina Section of the American College of Obstetricians and Gynecologists. He maintains a private practice in Wilson where he is affiliated with Wilson Memorial Hospital. Past president of the Medical Alumni Association, Kirkland is also a former president of the North Carolina Obstetrical and Gynecological Society, former director of the American Red Cross of Wilson County, and former president of the American Cancer Society in Wilson County.

Leon K. Cowan, M.D. '54, writes that he is "home at last after 25 years" with offices at the Wilson Dermatology Clinic in Wilson.

Harold R. Roberts, M.D. '55, UNC-CH professor of medicine and pathology, has been appointed to the National Heart, Lung and Blood Advisory Council of the National Heart, Lung and Blood Institute.

As a council member, Roberts will take part in the evaluation of NHLBI programs concerned with cardiovascular, lung and blood diseases and will make recommendations to the director of NHLBI and the National Institutes of Health concerning directions, goals and priorities of these programs. His term runs through 1984.

William E. Easterling, M.D. '56, medical school vice dean and hospital chief of staff and Dr. John T. Sessions, professor of medicine, both at UNC-CH, recently were recognized for distinguished service by the American Cancer Society.

They were cited for their strong leadership and years of support of the American Cancer Society and its programs. The physicians received two of the three national divisional service awards presented in North Carolina.

T. Albert Farmer, M.D. '57, is the new chancellor of the University of Maryland at Baltimore. He had been chancellor of the University of Tennessee Center for the Health Sciences and recently was named the 1980 recipient of the L.M. Graves Memorial Health Award. This award is presented annually by the Mid-South Medical Center Council/Health Systems Agency to an individual who has contributed most significantly to community health.

E. Archer Dillard Jr., HS '59, is an associate professor of obstetrics and gynecology and director of the division of gynecologic oncology, University of Texas Medical Branch, Galveston, Texas. He recently was elected assistant secretary of the American Society of Colposcopy and Cervical Pathology.

60s

Williamson B. Strum, M.D. '65, traveled to the University of Aston in Birmingham, England, as a visiting professor in the department of chemistry accompanied by his wife Faye and children, Allen and Mary. Future plans are to continue his work and study of antifolate cancer chemotherapy effects on the intestine.

Patrick Guiteras, M.D. '69, is now in his fifth year of family practice in Chapel Hill and has been busy raising two children and generally enjoying life.

70s

Michael A. Moore, M.D. '70, has co-authored the text "Renal Tubular Dysfunction" published by Medical Examination Publishing Co., Inc. He is staff nephrologist with the Danville Urologic Clinic, Danville, Va. and assistant clinical professor of medicine, nephrology section, department of medicine, Bowman Gray School of Medicine.

Morton Meltzer, HS '70, is doing psychiatric consulting for the Wake County Mental Health Clinic, the Cary Family Medical and Ambulatory Care Center and the Cape Fear Valley Hospital System and Emergency Room.

G. Dean Wilson Jr., M.D. '72, of Johnson City, Tenn., opened the Appalachian Neurology Clinic in June and was joined by another neurologist in August. His wife Janine opened a Montessori school and a craft and swim summer day camp. Their two sons, Ryan and Ashley, help keep them young and busy.

David Grimes, M.D. '73, has traveled to the Netherlands and to Bangladesh in connection with his work for the Center for Disease Control.

Jack Dalton, M.D. '75, is working in the department of immunopathology at the Scripps Clinic and Research Foundation in La Jolla, Calif.

Kenneth Lampert, M.D. '76, finished his residency at the University of Wisconsin and is now in his second year of a fellowship in nephrology at the University of Wisconsin Hospital in Madison, Wis.

Linda Moore Robinson, M.D. '76, is in her second year of private family practice with her father in Coats, N.C. She has a new daughter born in February 1980.

Ross D. Lynch, M.D. '76, will complete his chief residency in orthopedic surgery at the Medical College of Georgia this year and will start a fellowship in spine surgery at St. Luke's Episcopal Hospital in Houston. He and his wife Retha will celebrate their fifth wedding anniversary in May.

Kathleen Foster-Wendell, one of 165 M.D. candidates in the class of 1984, exemplifies two trends. The percentage of women in medical school has risen steadily over the past decade and now stands at 32.4 percent at UNC-CH. Also, the average age of entering medical students has risen, as more men and women are applying to medical school after working for a few years or pursuing other post-college studies. Foster-Wendell worked as a research technician in pediatrics here for nearly three years between college and medical school. Another trend reflected in this year's entering class is the increasing percentage of minority medical students. Minority students (black, American Indian, Asian and Hispanic) make up 19 percent of the class. Minority enrollment among all M.D. candidates at UNC-CH is about 16 percent.

Class notes

Jeffrey Brantley, M.D. '77, finished his third year of psychiatry residency at the University of California at Irvine and served as chief resident in psychiatry at Long Beach Veterans Administration Medical Center. His fourth year duties will include serving as assistant ward chief and assistant to the director of resident and medical student education in psychiatry at the University of California at Irvine.

James W. Thompson, HS '77, is a research psychiatrist with the Division of Biometry and Epidemiology, National Institute of Mental Health, Rockville, Md.

Phil Wood, M.D. '77, completed his residency training in family practice at San Francisco General Hospital in June and took the family practice board examination in July for certification.

Robert L. Munt Jr., M.D. '77, has entered private practice in pediatrics in Lexington, N.C.

David Woodley, M.D. '78, has returned from a two-year fellowship at the Universite de Paris, Foundation Adolphe de Rothschild. He is now with the dermatology branch of the National Institutes of Health.

John C. Rogers, HS '78, completed a Robert Wood Johnson Family Medicine fellowship and now is acting assistant professor of family medicine at the University of Washington School of Medicine in Seattle.

Cynthia Conrad, M.D. '78, says she's begun her third year of residency training in psychiatry at the Yale-New Haven (Conn.) Hospital. She also says she finally completed her doctoral dissertation in neurobiology this fall.

Will Perry, M.D. '78, is chief resident in family practice at the Scottsdale (Ariz.) Memorial Hospital, member of the governing council of the residents' physician section of the American Medical Association and vice chairman of the Arizona Residents' Physician Section.

A. Price Monds, M.D. '78, has changed surgery residency programs from the University of Florida at Gainesville to East Tennessee State University in Johnson City.

Charles O. Harris, HS '79, is an assistant resident of ob-gyn at Duke University Medical Center.

John Koomen, M.D. '79, is a psychiatry resident at Vanderbilt University Hospital in Nashville, Tenn.

Ossian Barry Wynn, M.D. '79, married **Michelle Hewlett '81** in August. He presented a paper at the National Medical Association meeting in Dallas on pancreatic pseudocysts.

Veronia Josephine Forbes Ray, M.D. '79, has announced her engagement to **Dwight Dean Perry, M.D. '80.** Both are residents in internal medicine at the University of New York at Stony Brook.

Charles H. Barrier, HS '79, has bought a house in Birmingham, Ala. and reports that he and his wife Giner are both very happy with their work.

Deaths

Samuel Newman, C. Med. '15, Danville, Va.

Charles P. Eldridge, C. Med. '24, Raleigh.

First psychiatry resident receives dual honor in California

Dr. David W. Allen, who in 1953 became the first person to complete a psychiatric residency here, is also the first psychiatrist to become president of the San Francisco Medical Society in the organization's 112 years. He assumed the post Jan. 1.

Allen also is the recipient of the 17th annual J. Elliott Royer Award and its $15,000 cash prize, presented in December by the regents of the University of California.

The Royer Award honors the memory of an Oakland physician who died in 1961 and is given to the San Francisco or East Bay physician who has made "the most significant contribution to the advancement of psychiatry and neurology during the past year."

Allen maintains a private practice in San Francisco. He has been a member of the clinical faculty of the University of California, San Francisco since 1956 and is now clinical professor of psychiatry.

Letters nominating Allen for the Royer Award arrived from numerous colleagues and former students. They repeatedly cited him as an outstanding role model for young physicians. To those entering the medical profession in the 1980s Allen has simple words: "The most important thing is to deal fairly and conscientiously with patients. Most of the difficulties encountered in practice come from lack of careful looking rather than from lack of technical knowledge."

Allen's publications on voyeurism and exhibitionism, on the treatment of patients with hysterical personality, and on the hidden stresses in success were also among the reasons he was selected for the Royer Award. One of the most significant contributions to psychiatry is his 1974 book, "The Fear of Looking" (University of Virginia Press), about conflict in wishes to view others and to exhibit the self, conflicts which influence learning abilities, lifestyles, neurotic conflicts, and creativity.

Chemosurgery nearly 100 percent effective against basal cell carcinoma

A School of Medicine alumnus is using a complicated but remarkably effective type of surgery to eradicate skin cancers that, in the past, have been difficult to treat.

Dr. Robert S. Tomsick (M.D. '76), an instructor of dermatology at UNC-CH, is using chemosurgery, which he says has a cure rate of almost 100 percent against the most common form of skin cancer, basal cell carcinoma.

Chemosurgery is based on the premise that it's easier to know where to go if you have a map to follow. There are about three dozen chemosurgeons in the entire country.

Tomsick starts by estimating the size of the tumor and marking off that area on the patient's skin. He paints the area with a chemical that kills the outer layer of skin and makes it easier to slice off.

From that point, the procedure moves into the laboratory, where the removed skin is cut into tiny sections for analysis. Under a microscope, it is possible to distinguish malignant cells

from normal ones. A map is made of the entire layer of skin, showing the precise location of tumor cells. The chemosurgeon can also see if the tumor extends beyond the bounds of the original slice and, if so, in which direction.

If any of the tumor remains after the first slice is removed, the chemosurgeon takes another slice and makes a new map. The process is repeated until every remnant of cancer has been cut out.

Tomsick said chemosurgery has several advantages over methods of treating skin cancers. One is precision.

Chemosurgery also minimizes scarring and, in many cases, reduces the need for reconstructive surgery. And since chemosurgery can be done in the dermatology clinic, using only local anesthesia, most patients are saved the expense of being admitted to the hospital.

But the biggest advantage of the process is its effectiveness. It has a cure rate of 99 percent against basal cell carcinoma, if the cancer has not been previously treated. The cure rate is 97 percent if the cancer has been treated previously by some other method.

Tomsick is a member of the Cancer Research Center. □

Third-year medical student David Ballard (right) was this year's winner of Ciba Pharmaceutical Company's Award for outstanding community service and involvement. He received a collection of medical textbooks illustrated by physician-illustrator Dr. Frank Netter. Making the presentation was Don Boughton, hospital sales representative for Ciba-Geigy. Ballard worked for two years in the Student Health Action Committee (SHAC) clinic, and was director last year. SHAC clinic provides educational and service opportunities for medical and other students and health care services to the medically disadvantaged.

UNC-CH scientists develop new test to aid marijuana-releated research

Scientists in the School of Medicine have developed the first practical test for measuring low concentrations of marijuana's major active ingredient in human blood samples.

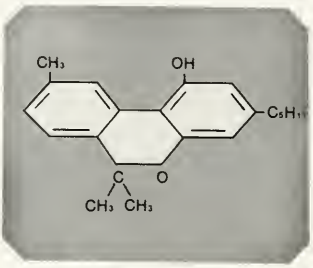
The test, which can be used to analyze large groups of blood samples much faster and cheaper than previous methods, promises to be a valuable tool in marijuana-related research, its developers believe.

Preliminary results of its first application suggest that marijuana may contribute far less to fatalities on the nation's highways than some people have claimed.

The test was developed by S. Michael Owens, a graduate student in experimental pathology; Dr. Arthur J. McBay, professor of pharmacy and pathology; and Dr. Howard M. Reisner, assistant professor of pathology. Dr. C.E. Cook of the Research Triangle Institute assisted the UNC-CH scientists.

Owens said the test is a form of radioimmunoassay, the technique that revolutionized much of medical research in the 1970s and earned a Nobel Prize in 1977 for inventor Dr. Rosalyn S. Yalow. Its application to marijuana involves comparing known amounts of radioactively labeled delta-9-tetrahydrocannabinol or THC with unknown quantities of the drug in blood samples, he explained.

Because antibodies to THC combine with both labeled and non-labeled THC at an equal rate, lower levels of radioactively recorded at the end of this molecular "competition" correspond



to higher amounts of THC present in the original sample.

"We think this new assay is important because there hasn't been a sensitive and practical way to measure marijuana's active ingredient in the body," Owens said. "Most of the studies that have been done on the psychological and physiological changes that occur following marijuana use have involved smoking, but smoking is a very inexact method of administration."

McBay, who also is chief toxicologist in the state medical examiner's office, said the UNC-CH researchers developed the test to learn how often THC is present in single vehicle highway fatalities as part of a three-year "Drugs and Driving" project supported by the Governor's Highway Safety Program.

It allows them for the first time to measure THC in blood that has begun to break down after an accident victim's death, he said. And unlike previous assays, it can be performed on hundreds of samples simultaneously without requiring expensive instruments or the skills of highly trained technicians.

"Roughly six percent of the 169 drivers who were killed in single vehicle accidents in North Carolina during the 12 months beginning in October 1978 showed traces of THC in their blood," he said. "What is more significant, however, is that two-thirds of all drivers killed were legally under the influence of alcohol, and two-thirds of the victims who had smoked marijuana were also drunk."

Although the new radioimmunoassay probably won't come into general highway use like the breathalyzer has, for legal and other reasons, Owens said it should aid research in a variety of areas besides automobile fatalities.

As an example, he said it could be applied to the National Cancer Institute's upcoming studies of THC as an anti-nausea agent for cancer patients undergoing chemotherapy.

McBay said if there is a lesson to be learned from their own study, it's that states shouldn't pump large sums of money into efforts to apprehend drivers who have smoked marijuana when similar efforts to control drunken drivers have been largely ineffective.

"At the present time, there are 14,000 people in North Carolina who have been convicted of driving under the influence of alcohol five or more times and 317 who have been convicted 10 or more times," he said. "So you can't sink a lot of time and money into a problem as small as marijuana and expect to get much out of it." □

Calendar

Medical Alumni Activities

March		
19-21	Medical Alumni Annual Meeting	Chapel Hill
April		
30	Co-Founders Meeting	Chapel Hill
May		
2	Medical Parents Day	Chapel Hill
9	North Carolina Medical Society Annual Meeting Social Hour	Pinehurst
21-23	Pediatric Alumni Society Meetings	Chapel Hill
October		
23	Visting Committee Meeting	Chapel Hill
24	Fall Council Meeting	Chapel Hill

Continuing Education

April		
2-3	Fifth Annual Cancer Research Center Symposium	Clinic Auditorium
2-4	Office Perimetry in Glaucoma Management	The Pinehurst Hotel
10-11	Diseases and Surgery of the Retina	Berryhill Hall
11-12	Geriatric Anesthesia	Carolina Inn
16	Movement Disorders: Current Concepts	Berryhill Hall
21	Clinical Microbiology Speakers Forum	Berryhill Hall
22	Diabetes Update	Greensboro
29-30	Current Concepts In Hemostasis and Thrombosis	Berryhill Hall
30-May 2	Fifth Annual Radiology Symposoium	Hilton Head, S.C.
May		
16-17	Update in Obstetrics-Gynecology	The Great Smokies Hilton, Asheville
22	Academy of Clinical Lab Physicians and Scientists	Berryhill Hall
28-29	Conference on Autisor	Berryhill Hall
29-30	Intraocular Lens Implantation Course	Berryhill Hall
June		
5-6	Perinatology Seminar	Berryhill Hall
12	Family Medicine Conference Day V	Berryhill Hall
July		
24-25	Practical Dermatology for the Non-Dermatologist	Grove Park Inn, Asheville
September		
13-15	Burn Symposium	Berryhill Hall
25-27	Practical Dermatology for the Non-Dermatologist	The Hilton, Wilmington
October		
3-4	Obstetrics-Gynecology Update	Wrightsville Beach
29-31	Pediatric Ophthalmology	Boone

For more information about C.M.E. courses, contact the Office of Continuing Medical Education, 231 MacNider 202H, Chapel Hill, N.C. 27514; (919) 933-2118.

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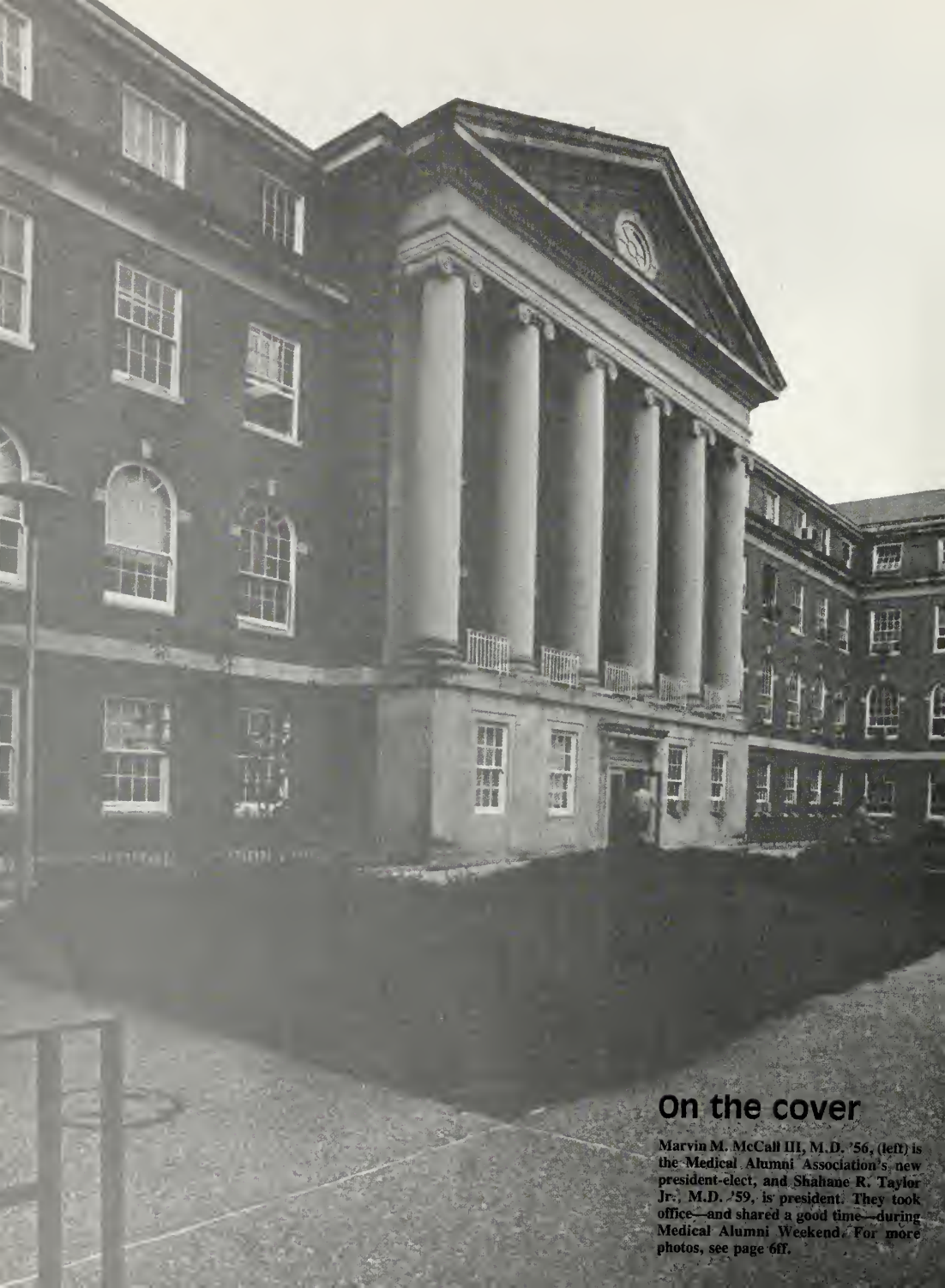
Medical Alumni Weekend 1981



On the cover

Marvin M. McCall III, M.D. '56, (left) is the Medical Alumni Association's new president-elect, and Shahane R. Taylor Jr., M.D. '59, is president. They took office—and shared a good time—during Medical Alumni Weekend. For more photos, see page 6ff.

Medical Alumni Bulletin

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We made yet another top 10

Medical scientists at the University of North Carolina at Chapel Hill last year ranked among the top U.S. medical school faculties in the percentage of approved research projects funded by the National Institutes of Health.

Their research proposals ranked fifth in terms of overall quality and achieved an NIH funding success rate that was ninth best among American medical schools.

These statistics are contained in the latest Information for Management, Planning, Analysis and Coordination Report compiled by NIH for institutions with NIH grants. The IMPAC Report prepared for each school does not disclose the ranking of other schools.

NIH is by far the single largest source of funds for health-related research in this country. The total value of current NIH grants to the UNC-CH School of Medicine is $17.9 million.

During fiscal year 1980, four out of five grant applications submitted by the School of Medicine were approved in the first round of NIH's review process. Of those initially approved, 44.8 percent were funded, giving the medical school the ninth best NIH funding rate.

For the purpose of fund allocation, projects are ranked in order of merit or importance, as judged by NIH's research evaluation groups. The higher a project's priority rating, the more likely it is to be funded.

Last year UNC-CH medical research proposals received a combined priority score that was the fifth highest among the nation's 66 medical schools submitting at least 50 grant applications.

Behind the lines

The length of the above report leaves limited space for these comments, but we're glad and proud to be able to make such a report.

Another news item you may well find interesting is that the medical school curriculum is undergoing a thorough study which could result in the first major revisions in about a decade.

The faculty has approved a report calling for establishment of a task force comprised of six subcommittees which are gathering and evaluating information about specific aspects of the curriculum. Each subcommittee may recommend revisions, and the task force will report to the faculty within one year.

Our readers may not be directly affected by changes in the curriculum, but the school does continue to seek to maintain its educational role with you through continuing medical education. As a matter of fact, all of you who participate in CME comprise the equivalent of a fifth medical school class. Bill Wood reports this and much more about the status of CME in his column on page 19.

This issue also features a lot of faces and names, beginning on the next page with an article about an alumnus who went to North Dakota to be a pioneer.

—JWB

Dr. William E. Cornatzer has been and is the one and only chairman of biochemistry at the University of North Dakota School of Medicine. In 1951 he literally set up shop from scratch. He recruited one faculty member, purchased some laboratory equipment and signed up the first graduate student that first year.

William E. Cornatzer, Ph. D. '44:

Teaching and research still keep him bouncing

By Judy Harris

As a biochemist he set out to establish a center of excellence in research, education and service. And over the past 30 years in North Dakota his objective has never changed.

"After all," he's quick to point out, "teaching and research still keep me bouncing."

Dr. William E. Cornatzer, Ph.D. '44, has pursued what's happening in cells since the day he discovered a university biochemistry department on his way to a football game. He'd never seen such a mammoth operation with libraries and laboratories when he stopped in that day at the University of North Carolina. He's been an enthusiast for that lifestyle ever since.

But all of it wasn't just love at first sight. Cornatzer was actually winding his way toward science much earlier.

In fact, he picked up on his first interests in biology while growing up on his parents' grain and dairy farm in Davie County near Mocksville. Even his early chemistry interest was encouraged by both families and friends alike. And, he was one of three from his high school class at Farmington who headed to college rather than return to the farm.

In those early Depression years Cornatzer won a scholarship to Mars Hill College. Two years later he transferred to Wake Forest College and completed his B.S. in chemistry in 1939. And in spite of his deep-seated enthusiasm for basic research in physical chemistry and zoology, he was well advised to earn a teaching certificate.

Judy Harris is medical center information officer in the University of North Dakota Office of University Relations.

"A professional medical school must envelope practicing professionals who work in the basic sciences. Their projects are part and parcel of what it takes to improve the status of 'health' and health care delivery."

It was during his college senior year that he spotted the University of North Carolina from the back of that truck carrying him to the football game. The science enthusiast never made it to the game. Immediately following graduation from Wake Forest in 1939, he obtained a graduate fellowship at UNC-CH.

For the next five years Cornatzer worked closely with Dr. James C. Andrews, the first chairman of biochemistry. In 1941 he received his master of science degree and in 1944 his Ph.D. in biochemistry.

Cornatzer published 13 papers with Andrews. He joined the faculty at Bowman Gray School of Medicine in 1944 as an assistant professor where he did research and taught medical students. He received an M.D. degree from Bowman Gray in 1951.

That's where he became acquainted with several North Dakota students. In 1951 they convinced this southern Ph.D.-M.D. to go for a visit—during a blizzard, of course. He has since made the northern prairies his home with his wife Margaret and two children, Nancy, an internist practicing in Huntsville, Ala., and Bill Jr., a senior medical student at the University of New Mexico.

Cornatzer has been and is the one and only chairman of biochemistry at the University of North Dakota School of Medicine. In 1951 he literally set up shop from scratch. He recruited one faculty member, purchased some laboratory equipment and signed up the first graduate student that first year.

Then in 1953 and later in 1958 through a generous private grant, the Guy and Bertha Ireland Cancer Research Laboratory was established at UND in Grand Forks with Cornatzer serving as director. Here many scientists associated with the medical school investigate the basic molecular biology of cell growth and development.

And since that beginning more than $4.7 million in research grants, including $1 million in scientific equipment, have supported department of biochemistry research projects. The five-story Ireland Laboratory is devoted to research involving enzyme chemistry, lipid metabolism, amino acid absorption, membrane permeability, electron microscopy, microbiology, metabolism circulation, histochemistry, tissue culture and viral leukemia.

Also, during Cornatzer's tenure with UND, the U.S.D.A. Human Nutrition Laboratory has been initiated via his unending support. An area of extensive research affiliated with the nutrition lab centers on studies of trace minerals, such as zinc, copper, cobalt, or chromium, all of which are required in minute amounts for human and animal nutrition.

Cornatzer says these scientists are

Dr. Tom M. Johnson, dean of the University of North Dakota School of Medicine (left), announces establishment of the Cornatzer Chair in Biochemistry during ceremonies held Oct. 4, 1980. The honoree (second from left) is shown with his wife Margaret Cornatzer and UND President Thomas J. Clifford.

investigating how these minerals are absorbed from the gastrointestinal tract, along with the physiology role they play at the molecular level in cells.

Research, Cornatzer emphasizes, is an essential component of any science. "And a professional medical school," he adds, "must envelope practicing professionals who work in the basic sciences. Their projects are part and parcel of what it takes to improve the status of 'health' and health care delivery."

This biochemist is one chairman who intimately knows the value of research from both the basic and clinical science angles. In a split second he can revert from discussing a patient case with medical students to working closely with his graduate students in the lab.

He'll contend that any professional in the biomedical fields can never get enough of the basic sciences. A solid understanding of the processes of health and disease, Cornatzer emphasizes, will do more in the long run to help uncover problems in research or clinical situations.

Last fall Cornatzer was recognized for this overriding concern and professional commitment to the UND medical school's growth. UND's first medical school professional chair was established in his name through a special endowment. The original contribution will continue to develop until Cornatzer's retirement at which time the first person to hold the position will be selected.

Cornatzer's personal research over the years involves study on phospholipid metabolism in cellular membranes during health and disease. He's been investigating what happens in the development of fatty livers and how lipids change in such situations, in particular, with reference to cancer cells. To date, Cornatzer has published 137 full length research publications and 81 abstracts.

He and his graduate students discovered that a virus which causes cancer stimulates an enzyme which sythesizes phospholipids in the membranes of cells. As a result, he's a firm believer in the notion that the major advances in cancer will come in the area of immune response.

To date, the biochemistry department at UND can boast of awarding 66 master of science degrees and 51 doctoral degrees. And the department staff have trained 19 post-doctorales. Scores of medical students have passed through the numerous biochemistry classes over the years. And each and every one of them has enjoyed Cornatzer's weekly patient case presentations.

It's fair to say that the students have done as much for Cornatzer and his department as he has done for them. In fact, they affectionately call him "Dr. C." Every UND medical and graduate school alumnus knows that. He's always on the run for them or his colleagues. He's known for squeezing in as much time as possible for every person he meets.

And on those few occasions when "Dr. C." is not running around campus he might be out at the lake or at home with his family, gardening and relaxing—and digging into his briefcase for another round of work.

North Dakota is glad he arrived and made the prairie his home. But no one can forget, he still has some of that southern gentleman in him—after all, he still has his accent. □

Dean's Page

If there has ever been any doubt that the quality and scope of medical practice and medical education are linked to the economy, it appears that this doubt will soon be dispelled. Inflation control measures being put in place by federal and state governments along with adjustments to inflation made by individuals and institutions will soon begin to change the nature of practice, teaching and research.

Despite efforts of the recent past to control the cost of medical care and medical education, it now appears that there will be a substantial true reduction in federal and state support for health care and health care research. For practicing physicians, for institutions, for our students and for some patients these will be difficult times. Many of my friends and colleagues in practice are already seriously squeezed by inflation and taxes. A number of medical schools are putting financial retrenchments into effect.

Insofar as the new federal policies alleviate inflation and blunt the rise in taxes, they will be helpful. But it is likely that many practicing physicians and institutions will, in coming months, absorb the cost of formerly reimbursed indigent care. Perhaps more importantly, we will be confronted more often with a gap between the care we could deliver and the care we can deliver with limited resources. Our medical school will be required to get by with less and still do the best job it can. Our students will lose access to some loans and scholarships forcing many to various forms of self-support.

As grim as the foregoing picture is, I believe most of us feel that a reexamination of resources available for medical care and medical education is a necessary and appropriate part of the substantial financial adjustment being undertaken by the nation.

We should expect a rational approach sensitive to human needs and to the complexity of health care, but we cannot expect an exemption.

I happen to believe that our health care system and our system of medical education are reasonably efficient, as complex enterprises go, so I do not believe there is much financial slack in either system. Therefore I expect that the forced economies will degrade somewhat the scope and quality of health care and medical education. But we will still have the best health care and medical education systems ever known and with wit and will we can make both even better even with limited resources—provided only that government does not restrict our ability to respond sensibly.

Stuart Bondurant

Alumni Weekend highlights

At left, Dr. Janet J. Fischer, recipient of this year's Distinguished Faculty Award, enjoys the awards banquet with husband Dr. Newton D. Fischer. At the top of this page, Howard Holderness (second from right), a medical school Co-Founders Club member and a director of N.C. Memorial Hospital, talks with (from left) Eric B. Munson, executive director of the hospital, Annette Munson, and Dean Stuart Bondurant. Immediately above, members of the class of '46 pose for a 35th reunion photo.

Dr. Cornelius Kaylor, professor emeritus of anatomy, and Norma Berryhill, widow of the late Dean W. Reece Berryhill, were among the special guests at the class of '56 reunion.

1981 Distinguished Ser

John Lewis McCain:

A.B., 1948, Certificate in Medicine, 1950, University of North Carolina at Chapel Hill; M.D., 1952, University of Virginia.

Dr. John McCain is a man who can muster an amazing depth of commitment to causes he espouses. He is also a person capable of focusing an extraordinary magnitude of personal energy on any task at hand. His patients, fellow professionals in medicine, the people of this state and his friends and colleagues at the University have all benefited from these double blessings. As a former president of the Medical Alumni Association and an active member of the School of Medicine visiting committee, Dr. McCain has contributed significantly to development of his alma mater. As a newly-named member of the national council on health planning and development, his talents are certain to benefit great numbers of Americans and to add to the deep pride in his accomplishments felt by friends and colleagues in North Carolina.

Jane Harris Armfield:

B.A., 1960, M.Ed., 1963, University of North Carolina at Greensboro.

Jane Armfield's warmth and gentle charm are complemented by a deep wisdom and an unlimited devotion to others. Her church, her city, schools, universities and hospitals have benefited from her strong leadership. Her service as a trustee of Moses H. Cone Hospital in Greensboro, and as a member of the board of the North Carolina Memorial Hospital in Chapel Hill are the vehicles through which she has made significant contributions to health care and medical education in our state. By giving so generously of her time and considerable talents, Mrs. Armfield exemplifies one of the finest aspects of our health care system: voluntary involvement of caring people for the common good.

James Thomas Broyhill:

B.S., 1950, University of North Carolina at Chapel Hill.

Representative James Broyhill's work in the United States Congress has shown how constancy in the cause of principle, patience in pursuit of reason and hard work changes our society for the better. Legislation he has sponsored has had a great impact on rural health care. His informed and pragmatic leadership contributed much to legislation that resulted in our widely-recognized Area Health Education Centers program, and he has been a powerful supporter of the voluntary effort to contain health care costs. These and numerous other accomplishments continue to be a source of pride for his alma mater and for the citizens of his home state.

e Award recipients

Robert Wayne Winters:

A.B., 1948, Indiana University; M.D. *Cum Laude*, Yale University, 1952.

Dr. Winters is a scientist, a scholar and a sensitive physician who received his early post-graduate training at the University of North Carolina School of Medicine. Now professor of pediatrics at Columbia University College of Physicians and Surgeons, Dr. Winters began work here that has led to significant contributions to the understanding of intravenous nutrition, kidney function in children and metabolism. He is a recognized world authority in these areas, whose work has benefited countless patients through invaluable contributions to science and scholarship.

Samuel Raphael Newman:

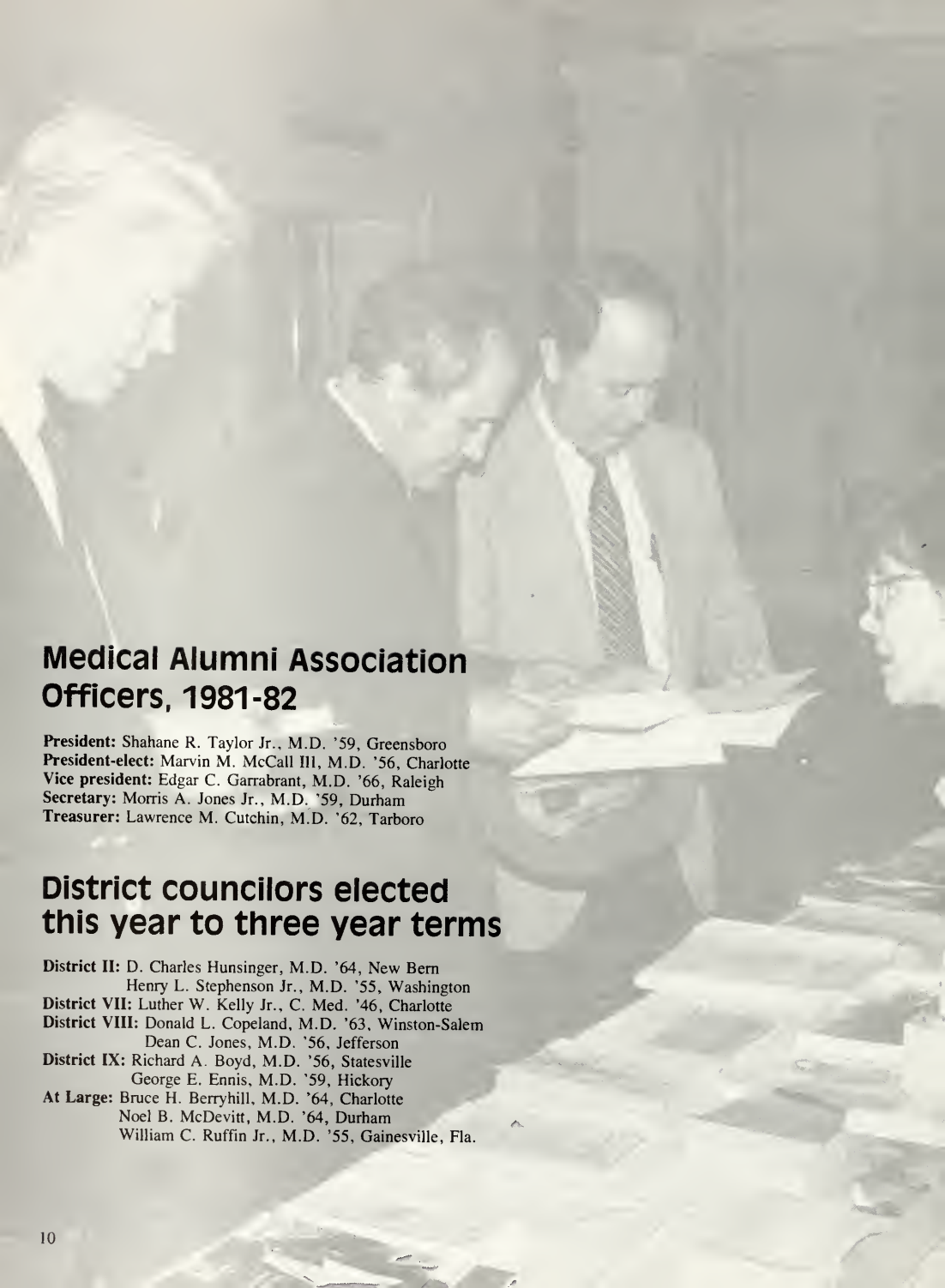
Certificate in Medicine, 1915, University of North Carolina at Chapel Hill; M.D., 1917, University of Virginia.

Dr. Samuel Newman died in December 1980 at the age of 90. This posthumous Distinguished Service Award is made to recognize the magnitude of the contributions made to mankind by this extraordinary individual. He set examples of humane medical practice and enlightened social leadership that will endure for generations. An innovator in medicine, Dr. Newman was the first pediatrician to practice in Virginia, and remained an active practitioner until the time of his death. He was a man who stood up for human rights and religious tolerance; a man who helped build bridges of understanding through courage and example. His life was a testimony to high principle that reflected most favorably on his alma mater at Chapel Hill. (Holding the award here are Dr. Newman's daughters, Ruth Newman Siegel, at left, and Naomi Newman Macht. Also pictured, from left, are Dr. Stuart Bondurant, Dr. John Sessions, Dr. Stanley Macht and Mollye Freedman, Dr. Newman's niece.)

Hubert Clifton Patterson Jr.:

A.B., 1933, Duke University; Certificate in Medicine, 1935, University of North Carolina at Chapel Hill; M.D., 1937, Harvard University.

Dr. Hubert Patterson has been a continual inspiration to all those who have known him as teacher, physician, colleague or friend. One of the original members of the department of surgery of the School of Medicine; he taught and exemplified kindness, attention to detail, enthusiasm for medicine and high standards of excellence. He provided significant leadership in the organization of a medical examiner's system for Orange County and the entire state. Undaunted by serious physical setbacks, Dr. Patterson has touched countless lives in a profound and enduring way.



Medical Alumni Association Officers, 1981-82

President: Shahane R. Taylor Jr., M.D. '59, Greensboro
President-elect: Marvin M. McCall III, M.D. '56, Charlotte
Vice president: Edgar C. Garrabrant, M.D. '66, Raleigh
Secretary: Morris A. Jones Jr., M.D. '59, Durham
Treasurer: Lawrence M. Cutchin, M.D. '62, Tarboro

District councilors elected this year to three year terms

District II: D. Charles Hunsinger, M.D. '64, New Bern
Henry L. Stephenson Jr., M.D. '55, Washington
District VII: Luther W. Kelly Jr., C. Med. '46, Charlotte
District VIII: Donald L. Copeland, M.D. '63, Winston-Salem
Dean C. Jones, M.D. '56, Jefferson
District IX: Richard A. Boyd, M.D. '56, Statesville
George E. Ennis, M.D. '59, Hickory
At Large: Bruce H. Berryhill, M.D. '64, Charlotte
Noel B. McDevitt, M.D. '64, Durham
William C. Ruffin Jr., M.D. '55, Gainesville, Fla.

Extracts

A new Dictaphone transcribing system at North Carolina Memorial Hospital allows physicians to pick up any phone in the hospital and dictate their patients' charts.

The $48,000 system is part of a major effort on the part of the hospital to encourage completion of charts on a more timely basis. For the past eight years doctors had been dictating patient notes into limited numbers of cassette recorders located only in certain areas of the hospital. If the recorders were being used in one area, a physician would have to wait or go somewhere else to find one.

Now physicians dial directly into recording machines in the medical records department. Charts are printed and ready to be signed within 48-72 hours.

Rural people have psychological problems just like city residents, but they have fewer opportunities to obtain adequate care.

Helping those rural residents with milder emotional and relationship problems is the object of a study being undertaken by the School of Medicine's department of psychiatry.

The study will look at benefits of clinical education programs, emotional support groups and other treatments as alternatives to traditional psychotherapy.

Dr. William G. Hollister, professor in the division of community and social psychiatry, will direct the study which is being funded by a three-year $730,000 grant from the National Institute of Mental Health. Work will be done in Chatham, Moore and Richmond counties.

Dr. Francis Miller, associate professor of psychiatry; Dr. J. Wil Edgerton, professor of psychiatry; and Becky Hunter, research associate, will be project evaluators.

Hollister said several problems have contributed to the lack of mental health care in rural areas including isolation, cost and high social visibility. He explained that for many people alternative treatment methods are acceptable.

"We see people whose lives are barren, and the constant burden of being unloved and unwanted makes them anxious and depressed. In many cases they just need friendship and companionship, the kind of help they can get from a support group," Hollister said.

Dr. William Bowers (M.D. '66), associate professor of surgery, has been selected as the first Sterling Bunnell Traveling Fellow in Hand Surgery by the American Society for Surgery of the Hand.

Bowers is chief of hand surgery in the division of orthopaedic surgery.

As part of the fellowship program, Bowers will spend six to eight weeks this summer visiting some of the major centers for hand surgery in the world.

According to the American Society for Surgery of the Hand, the traveling fellowship will be awarded annually to a surgeon who has proved his excellence in practicing and teaching hand surgery.

Bowers has been a member of the surgery department faculty at UNC-CH since 1973. He is a native of Polk County, N.C.

The department of family medicine here is providing guidance and training support for establishment of some of the first family medicine training programs in South America.

Two leading physicians and health administrators from Venezuela are currently serving six-month fellowships in family medicine here in order to gain expertise in faculty development and medical training administration.

Upon returning to Venezuela this summer, Dr. Luis Wanderlinder will become head of the newly-formed department of family medicine at the University of Zulia in Maricaibo, the first of its kind in South America. Dr. Raphael Anselmi will return to Caracas as director of the first family medicine residency program in that city and only the second in Venezuela.

Dr. John Frey, director of faculty development for the UNC-CH department of family medicine, explained that the establishment of educational and training programs in family medicine is part of an overall plan to reorganize Venezuela's national health care system.

According to Frey, if the pilot fellowship program here is successful, it may be the start of a continuing relationship between the department of family medicine in Chapel Hill and developing family medicine programs throughout South America.

Scientists at the School of Medicine are trying to find out how too much or too little vitamin D sometimes leads to birth defects.

Dr. T. Kenney Gray, professor of medicine and pharmacology, and Dr. Gayle E. Lester, research assistant professor of medicine and pharmacology, are looking into fetal bone development and the way that Vitamin D regulates mineral utilization during pregnancy. They have received an $18,000 grant from the March of Dimes Birth Defects Foundation to support their investigation for the current year.

Vitamin D is particularly instrumental in regulating the body's use of calcium. Among the birth defects associated with improper calcium metabolism are newborn convulsions, congenital rickets, abnormal tooth development, retarded growth and mental deficiency.

The UNC-CH researchers are studying how mineral metabolism changes during pregnancy and how metabolism differs between mother and fetus. The study focuses largely on the role of the placenta, which controls the exchange of nutrients between mother and fetus, in regulating mineral utilization.

"We hope that what we learn will be important in helping to understand, prevent and treat newborn diseases caused by disturbances of mineral metabolism," Lester said.

Extracts

Emergency room physicians and nurses from various parts of the state came to Chapel Hill recently for intensive training in the diagnosis and treatment of trauma victims.

The three-day course was the first of its kind offered in this state. It was sponsored by the North Carolina Committee on Trauma and the Trauma Center at North Carolina Memorial Hospital and the School of Medicine.

The course was designed by the American College of Surgeons to train emergency room personnel to determine how badly trauma victims are injured, to initiate the treatment needed to keep them alive and stabilize their conditions and to recognize when patients need to be referred to a major trauma center.

Dr. Herbert Proctor, director of the Trauma Center at N.C. Memorial Hospital, said it would be desirable for emergency room staffs in every hospital to have some training and experience in trauma care, noting that "trauma is still the leading cause of death in the first three decades of life, and the third leading cause overall." □

Dr. Herbert Proctor (second from right), director of the Trauma Center, responds to questions during a training session for emergency room physicians from across North Carolina.

The special course, the first of its kind in the state, was offered by the Trauma Center to give physicians advanced training in the diagnosis and treatment of serious injuries.

Rocky Mt. Spotted Fever death rate should be zero

No one should die of Rocky Mountain Spotted Fever if he goes to a doctor early, says an infectious disease specialist in the School of Medicine.

"The death rate should be zero," claims Dr. Janet Fischer, Sarah Graham Kenan Professor of medicine. "The disease can be treated, and therapy administered early is nearly always effective."

Nevertheless, between five and eight percent of people who get Rocky Mountain Spotted Fever die.

The problem, Fischer says, is not in treating the diease, but diagnosing it. She believes the mortality rate could be cut if doctors were more aware of the early signs of the disease.

"Physicians in North Carolina should have a fairly high index of suspicion, because Rocky Mountain Spotted Fever is so prevalent in this part of the country. But the continuing mortality rate suggests that maybe they don't suspect it as early as they should."

Rocky Mountain Spotted Fever is transmitted by ticks. The most common symptoms are high fever, severe headache and rash. But Fischer acknowledges that the symptoms can vary from person to person making the disease hard to diagnose.

"It has mimicked everything from brain tumors to appendicitis to measles to allergic reactions to viral infections."

There is no early diagnostic test for the disease. So all a doctor has to go on is how the patient feels, whether a rash and fever are present and if the patient has had contact with ticks.

"Physicians in North Carolina should have a fairly high index of suspicion, because Rocky Mountain Spotted Fever is so prevalent in this part of the country. But the continuing mortality rate suggests that maybe they don't suspect it as early as they should."

But Fischer says even those clues aren't always reliable. For instance, she says only about half of the patients she treats for the disease recall being bitten by a tick. And the skin rash, the most distinctive symptom, may appear too late to help the physician make a positive diagnosis.

The rash usually appears three to five days after the first symptoms start, but it may not show up for eight or nine days. By then, treatment already should have started.

"Therapy should begin within six days," Fischer emphasizes. "If it does, the patient will get well."

Treatment is simple and safe: either of two antibiotics administered for five to seven days.

Fischer says even though the early symptoms of Rocky Mountain Spotted Fever, fever and headache, can be associated with any number of ailments, the severity of these symptoms should put physicians on alert.

"People with viral infections often have fever and headache, but it's not usually a fever of 105 and the worse headache they've ever had. Most people with Rocky Mountain Spotted Fever are very sick. They'll tell you they feel terrible."

Fischer recommends that physicians treat for Rocky Mountain Spotted Fever even if they only slightly suspect the disease. She admits this poses a dilemma: "If you treat everybody on suspicion, inevitably you are going to treat a few people who don't need it."

But she maintains that it is far better than failing to treat someone who does need it. And even though a few patients may become allergic to the antibiotic, she says the risks associated with treatment are "very minimal" and shouldn't figure into a physician's decision.

"If you're in doubt, don't tell the patient he has the disease; tell him you suspect it. Then treat him for it."

Fischer says a physician can usually find out later if the patient did, indeed, have Rocky Mountain Spotted Fever. If the disease was present, it will show up in blood tests a few weeks later.

A recently-developed vaccine against Rocky Mountain Spotted Fever will soon be tested. But Fischer cautions that, even if the vaccine proves to be safe and effective, it may be several years before the Food and Drug Administration approves it for use by the public. □

Basic science grad and colleagues find cholesterol-fighting chemicals

Dr. Iris B. Hall, Ph.D. '75, and her colleagues have found a relatively large group of chemicals that will eliminate up to 60 percent of the cholesterol and other fatty substances in the blood of laboratory rats and mice.

The compounds, called cyclic imide derivatives, act at very low dosages and without any apparent side effects.

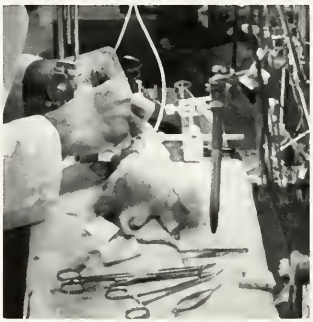
Whether the chemicals, some of which are structurally related to the artificial sweetener saccharin, will work similarly in humans remains to be seen, the researchers say.

Still, at this early stage of development, they look promising enough that the U.S. Patent Office is about to issue a patent on their newly discovered activity.

Hall, who earned her Ph.D. in the medical school's department of physiology, is associate professor in the UNC-CH School of Pharmacy. The other scientists involved in this study are Dr. George Cocolas, James Chapman and Patricia J. Voorstad, who are professor, postdoctoral fellow and graduate student, respectively.

High levels of blood serum cholesterol and triglycerides have been closely linked by statistical and other evidence to heart attacks, strokes and atherosclerosis (hardening of the arteries). Cholesterol and triglycerides are key components of the fatty plaque that builds up inside blood vessels much like rust accumulates on the inside of iron water pipes.

Gradually, the growing plaque de-



posits reduce the diameter of the vessels and restrict blood flow, making heart attacks and strokes more likely.

Although no one has proven that reducing serum cholesterol and triglycerides by diet, drugs or other means will lessen a person's risk, most physicians believe this to be true and treat their patients accordingly.

"There are several problems, however, with the available treatment," Hall said. "One is that low fat diets and drugs currently on the market, even at high dosages, reduce cholesterol and triglycerides only about 10 to 15 percent.

"Another is that these drugs can have such undesirable side effects as increasing female secondary sex characteristics and causing liver tumors," she said.

Of the roughly 75 imide derivatives that Hall and her colleagues tested, about half substantially lowered fats in the blood of test animals. If they have the same effects on humans, they could be a major new weapon in the fight against heart disease, the number one cause of death in the United States.

"It's very unusual to find a series of agents like this that have such a potent action," Chapman said. "This provides us with a great deal of diversity and increases the chances that one or more of them will make it through clinical trials. If one doesn't work, we will try others."

Imides are organic substances not generally found in nature that have been used previously with limited success in humans as sedatives, hypnotics and anticonvulsants. The UNC-CH studies are the first to evaluate them for their ability to lower fats in the blood.

They appear to work, the researchers say, because they act on the cells that produce cholesterol and triglycerides at an entirely different chemical site than do the drugs now on the market.

The doses required are in the 20 milligrams per kilogram range—about a 10th of the weight of drugs currently being prescribed. No toxicity or harmful side effects have been observed.

"We're very happy about these findings, but there is still a lot of work that remains to be done before we'll know if we have a winner," Cocolas said.

Further research on the imides will be supported by a grant from the National Heart, Lung and Blood Institute. □

Class notes

40s

C. T. Daniel, C.Med. '46, is in private practice in Fayetteville where he is chief of staff at Cape Fear Valley Hospital. He is an associate clinical professor at Duke University and president of the Cumberland County Medical Society. He also serves as president of the North Carolina Ob-Gyn Society and the South Central Ob-Gyn Society.

Luther W. Kelly Jr., C.Med. '46, is in private practice in endocrinology and nuclear medicine at Nalle Clinic in Charlotte. A clinical professor at the UNC-CH School of Medicine, he is immediate past president of the American Group Practice Association.

Mary Lou Rutledge McGregor, C.Med. '46, has retired from the practice of pediatrics and is enjoying herself in Charlotte.

J. Edward McKinney, C.Med. '46, has ventured from his home base in Chattanooga to take some great trips with his wife to Europe and the Far East with the Tennessee Medical Association.

George A. McLemore Jr., C.Med. '46, is in practice in New York City with New York Hospital and is active in the Explorers Club.

Paul L. Nolan, C.Med. '46, is practicing occupational medicine at DuPont Company in Chattanooga, Tenn. and is on the courtesy staff at Baroness Erlanger Hospital, Parkridge Hospital and Red Bank Hospital. He served as a member of the Tennessee legislature and of the Hamilton County Quarterly Court and is active in Republican politics. His wife Anne is a commissioner for their home town of Signal Mountain, Tenn.

Roger M. Winborne Jr., C.Med. '46, has been in private practice in internal medicine since 1955 and practices at Roanoke Memorial and Community Hospital of Roanoke Valley.

Dexter T. Witherington, C.Med. '46, is in private practice in general surgery with the Kinston Clinic, Kinston, N.C. His son Dexter Jr. is a freshman at UNC.

Christopher Fordham III, C.Med. '49, UNC-CH chancellor, received the N.C. Academy of General Dentistry's Distinguished Service Award Feb. 21. Fordham is the sixth recipient of the award and the first M.D. He was honored for his support of the UNC-CH School of Dentistry and of the state's general practitioners of dentistry and medicine.

Erwin W. Monroe, C.Med. '49, has been named to the National Advisory Environmental Health Sciences Council. As an associate dean at the East Carolina University School of Medicine, he coordinates the development of undergraduate and graduate medical education programs in Eastern North Carolina hospital and health centers. A specialist in internal medicine, he also holds a faculty appointment as professor in the department of medicine.

60s

Edward Stanley Avery Jr., M.D. '61, is working in pathology at Norfolk General Hospital.

James H. Blair Jr., M.D. '61, is practicing obstetrics and gynecology in Columbia, S.C.

William S. Bradford, M.D. '61, is in private practice in anesthesiology at Orlando Regional Medical Complex.

R. Carl Britt, M.D. '61, is enjoying "some small notoriety as the next-door-neighbor of Jimmy ("The Greek") Snyder."

Daniel E. Clark, M.D. '61, is practicing radiology in Southern Pines.

William M. Clarke, M.D. '61, is a pediatrician in Southern Pines.

John C. Council Jr., M.D. '61, is in a pediatric group practice in Charlotte.

Robert K. Creighton Jr., M.D. '61, and his wife Ruth are both certified sex counselors and are actively engaged in the specialty.

Ellison F. Edwards, M.D. '61, has an otolaryngology practice in Charlotte limited to head and neck plastic surgery.

Zell A. McGee, M.D. '61, is chief of infectious diseases at Vanderbilt School of Medicine. He heads the NIH bacteriology and mycology study section and the sexually transmitted diseases training center for the Southeast.

R. Wayne Miller, M.D. '61, is in internal medicine/nephrology in Pensacola, Fla. in a private/group/multispecialty practice. He is medical director of a chronic dialysis center.

W. Stacy Miller, M.D. '61, practices dermatology in Raleigh.

A. Ray Newsome, M.D. '61, works with three other internists in Winston-Salem, specializing in cardiology.

C. Rex O'Briant, M.D. '61, practices occupational medicine and is area medical director for Atlantic-Richfield Company in Houston.

William L. Owens, M.D. '61, practices internal medicine in Clinton, N.C.

Louie L. Patseavouras, M.D. '61, practices

The attention of those attending the class of '56 reunion is focused on (would you believe?) the telecast of the University of Virginia's victory in the NCAA Eastern Regional final. (The Tar Heels had, of course, already won the west.)

otolaryngology in Greensboro, specializing in head and neck surgery.

Malory Alfred Pittman Jr., M.D. '61, is practicing general and vascular surgery at Wilson Clinic, Wilson, N.C.

Leonard E. Reaves III, M.D. '61, left the U.S. Navy in April and will return to private practice in internal medicine and GI in North Carolina.

Bobby A. Richardson, M.D. '61, has a private practice in pediatrics in Ocala, Fla.

James H. Robinson, M.D. '61, is in private practice in anesthesiology in Wilmington, N.C.

W. Ray Samuels, M.D. '61, is practicing obstetrics and gynecology in Charlotte.

W. Ferrell Shuford Jr., M.D. '61, practices internal medicine/GI in Wilmington, N.C. He reports that he is "really into running—four marathons (including Boston '79), but currently have curtailed the amount due to realization that to achieve my goal (under 3-hour marathon) would require greater effort than I can afford to give." He is the current Wilmington area champ in the 10,000 meter.

Jerry E. Smith, M.D. '61, is practicing obstetrics and gynecology in Southern Pines.

Joshua Tayloe, M.D. '61, has an obstetrics and gynecology practice in Washington, N.C.

Donn A. Wells, M.D. '61, reports that he is doing "private, solo, family practice in the great Florida sun, doing ambulatory care only and loving it." He adds that he is looking for a responsible partner or associate.

James C. Abell, M.D. '66, is practicing pediatrics in Statesville, N.C.

Willis A. Archer, M.D. '66, is president of the Norris-Biggs Clinic, a 14-physician multispecialty group in which he practices pediatrics. He lives in Rutherfordton, N.C.

Robert P. Barringer, M.D. '66, practices internal medicine in a seven-man group in Gastonia, N.C.

Robert H. Bilbro, M.D. '66, practices cardiology and internal medicine and is medical director of the Raleigh Cardiovascular Foundation. He is also president-elect of the medical staff at Wake County Medical Center and a clinical associate professor of medicine at UNC-CH.

Floyd T. Bryan, M.D., '66, has a private practice in general and vascular surgery in Melbourne, Fla. He expects to have a partner join him in July.

Paul L. Burroughs Jr., M.D. '66, is in private practice in orthopaedic surgery in Raleigh.

John R. Crawford III, M.D. '66, has a private ophthalmology practice in Salisbury, N.C.

J. Bernard Credle, M.D. '66, practices obgyn with **Ernest Collins, M.D. '66,** in Beaufort, S.C.

William M. Crutchfield, M.D. '66, practices otolaryngology in Elizabeth City, N.C.

Phillip C. Deaton, M.D. '66, is in practice in neurosurgery with Dr. Richard Ames.

Wesley C. Fowler Jr., M.D. '66, is an associate professor of obstetrics and gynecology at the UNC-CH School of Medicine and director of the division of gynecologic oncology.

Robert C. Gibson III, M.D. '66, is practicing cardiology in Portland, Ore.

Cyrus L. Gray III, M.D. '66, is in a five-man ob-gyn group in Tampa, Fla. and is a fellow of the American College of Ob-Gyn.

Carol Ann Hedden Hackett, M.D. '66, was selected as one of three Super Women by the Mercer Island Reporter, a local paper in Mercer Island, Wash.

Lawrence D. Henry, M.D. '66, is practicing pathology with a group of 11 pathologists in Ashland, Mo.

Lewis P. Hicks, M.D. '66, practices ob-gyn in Lexington, Ky.

Howard T. Hinshaw, M.D. '66, practices endocrinology in a multi-specialty group in Charlotte.

Nelson N. Howell, M.D. '66, is chief of otolaryngology at Presbyterian Hospital in Charlotte.

William C. Hubbard, M.D. '66, practices pediatrics in Raleigh.

Stanleigh E. Jenkins, M.D. '66, is in a rural family practice in Gatesville, N.C.

Thomas J. Koontz, M.D. '66, is practicing general and vascular surgery in Winston-Salem.

Arthur E. Leake Jr., M.D. '66, is practicing private-group anesthesiology in Asheville.

Edgar M. McGee, M.D. '66, practices general and vascular surgery in Lexington, Ky.

George M. Paddison, M.D. '66, practices radiology in Durham.

James A. Pressly, M.D. '66, has a practice in orthopaedic surgery in Charlotte.

Don W. Printz, M.D. '66, practices dermatology in Stone Mountain, Ga.

William C. Rawls, M.D. '66, practices obgyn in New Bern, N.C.

Alvis M. Rich Jr., M.D. '66, practices ophthalmology in Lakeland, Fla., spending about half of his time in plastic and reconstructive surgery.

Surry P. Roberts, M.D. '66, has a solo practice in rheumatology in Raleigh.

Charles K. Scott, M.D. '66, practices pediatrics in Burlington, N.C. with two colleagues. He is secretary of the N.C. Pediatric Society.

Robert E. Sevier, M.D. '66, is board certified in internal medicine and endocrinology and practicing with two other Carolina men through Guilford Medical Associates, P.A. He teaches at Moses Cone Memorial Hospital and is president of the medical board of Wesley Long Hospital. He also is president-elect of the Greensboro Academy of Medicine and president of the American Diabetes Association, N.C. Affiliate.

J. Lewis Sigmon Jr., M.D. '66, is a teacher of family medicine and associate director of the family residency program, Charlotte Memorial Hospital and Medical Center and clinical associate professor, UNC-CH department of family medicine.

Elizabeth H. Spivey Hoyt, M.D. '66, is now in general practice in nursing homes only after 10 years in general practice at Dorothea Dix. She reports that "we've just completed a 'hypoallergenic' solar home—hope to publish a magazine article about it this year. (Have mellowed in my old age and attended nearby 'Moo U' for a couple of writing courses!) Am especially interested in food and chemical allergies (my whole family has them, myself the most severe)—and may take some further training in clinical ecology when the youngest starts school."

E. Walker Stevens, M.D. '66, practices pulmonary and allergy medicine in Greensboro.

Donald A. Thomas, M.D. '66, is in a private pediatric group in Hendersonville, N.C.

W. Beverly Tucker III, M.D. '66, is in a four-man family practice group in Henderson, N.C. and is a councillor of the N.C. Medical Society.

James A. Yount, M.D. '66, practices cardiology with the Mecklenburg Medical Group in Charlotte.

Albert L. Roper II, M.D. '67, writes that he "will be seeing many 1967 colleagues for the ABC meeting in Marco Island, Fla. this spring. Joel Rothermel has donated an entire gymnasium to his alma mater, Kenyon College, in order to get my daughter, Lexie, accepted. Thanks Joel."

John L. Currie, M.D. '67, assistant professor of ob-gyn at UNC-CH, received first prize for a paper he presented at the Society of Gynecologic Oncologists 12th annual meeting Jan. 13 in Marco Island, Fla. His paper was titled "Radioactive Chromic Phosphate Suspension Studies on Distribution, Dose Absorption, and Effective Therapeutic Radiation in Phantoms, Dogs and Patients."

The yearly nationwide competition sponsored by the society awards a prize of $1,500 for the best paper dealing with basic and clinical research in gynecologic oncology.

70s

W. Ray Gammon, M.D. '71, UNC-CH assistant professor of dermatology, was a visiting professor in the department of dermatology, University of Pennsylvania at Philadelphia, Jan. 14-15.

Stephen A. Bernard, M.D. '73, has been appointed instructor in medicine in the division of hematology/oncology at the UNC-CH School of Medicine.

C. Tate Holbrook, M.D. '75, is an assistant professor of pediatrics at East Carolina University School of Medicine. He recently published an article, "Successful Chemotherapy for Childhood Metastatic Embryonal Cell Carcinoma of the Testicle: A Preliminary Report" in Medical and Pediatric Oncology.

E. Jackson Allison, M.D. '75, is chairman of emergency medicine at East Carolina University School of Medicine.

James Nicholson, M.D. '78, has completed residency training at the Eastern Carolina Family Practice Center at East Carolina University School of Medicine and will join **Charles McGaw, M.D. '78,** as a partner in family medicine in Robersonville.

Dr. James E. Brown, HS '79, has been appointed assistant professor of anesthesiology at UNC-CH. He had been in private practice since completing his residency at N.C. Memorial Hospital.

80s

Kathleen W. Rao, Ph.D. '81, has been appointed director of the cytogenetics laboratory and instructor of pediatrics at East Carolina University School of Medicine.

Death

William C. Patton, M.D. '62, Chattanooga, Tenn.

Class notes focus: The silver anniversary M.D. class of 1956

Gale J. Ashley, Sparta, N.C., is an elected Fellow of AAFP and certified Diplomate of AAFP. He is now married to Nancy and they have six children and three grandchildren. Ashley states, "still playing golf, recently built a house at Fairfield Harbour, New Bern, N.C., beginning to think about at least partial retirement."

John R. Baggett III, New Bern, N.C., trained at Grady Hospital and then at NCMH and was a fellow in cardiology at NCMH until 1962. He is now practicing internal medicine. He and his wife, Natalie, have three children. Baggett spends his leisure time golfing, fishing and quail hunting.

Claude A. Barnhill, Topeka, Kan., trained at Menninger School of Psychiatry and is now practicing psychiatry. He has two sons.

Richard A. Boyd, Statesville, N.C., trained at Grady Hospital in ob-gyn and is now in private practice. He and his wife, Betty, have three children. Boyd says, "enjoy my practice very much and stay real busy. Have two fine partners. Have just completed a tour as medical director of Davis Hospital—like practice better. Enjoy time off on Lake Norman with sailing, gardening, and horseback riding. Active in Kiwanis Club, Presbyterian Church, Piedmont Ob-Gyn Society. Always enjoy alumni activities and have served as councillor and as member of visiting committee."

Wade M. Brannan Jr., Dallas, trained at UNC and St. Paul Hospital in Dallas. He liked Dallas enough to stay and practice pathology in a hospital based practice at Methodist Hospitals of Dallas—"closed group practice with five pathologists and two Ph.D.s."

Lee A. Clark Jr., Wilson, N.C., trained at Moses Cone Memorial Hospital and UVa in ophthalmology. Clark and his wife, Hariette, have three sons. He has changed his plans some in that he is in Eastern N.C. but not practicing general medicine. Clark is president of a "26-man group" and plays a "little tennis, snow skiing, boating at Morehead and living on and taking care of a small farm."

John W. Deyton Jr., Jacksonville, N.C., trained at Navy's School of Aviation Medicine in Pensacola, Fla., graduating as a flight surgeon. Then he completed ob-gyn residency and became board certified. He is now in private practice of ob-gyn. His wife, Clara, and he have two sons. Deyton says "during my internship I decided we enjoyed Navy life, so I spent 20 years on active duty. We lived on both the east and west coasts... Also thoroughly enjoyed lots of travel (went to Russia)... Although I never did go into practice in Western, N.C. we recently purchased a beautiful mountain lot just three miles (as the crow flies) east of Mt. Mitchell... Now we're dreaming of building a mountain cabin..."

Margaret J. Duncan and Stacy A. Duncan, Dunn, N.C., trained at Memorial Mission Hospital in Asheville, N.C. They have three children.

They state we "enjoy our work together in family practice—after 20 years. We do take time off to travel some. Our last trip was in November 1980 to China, where we were able to visit hospitals, commune clinics, and one medical school."

William E. Easterling Jr., Chapel Hill, trained at NCMH and decided to stay here. He and his wife, Ellyn, have five children. Easterling states as his current interests "intensely involved in school administration. Hobbies: tennis, repeated attempts to give birth to motivation for jogging."

John T. Evans (Jack), Chattanooga, Tenn., is a Diplomate, American Board of Oto. and practices head and neck surgery. He and his wife, Jeanne, have three daughters. He enjoys golf and sailing at Hilton Head Island, S.C. in his leisure time.

Robert A. Farmer, Vacaville, Calif., trained at University of Cal.—Berkeley and received an M.P.H. then went into aerospace medicine and then a psychiatry residency. Farmer and his wife, Martha (now a college student at U.C. Davis in Comparative Literature), have six children. They enjoy gardening, singing, activities in Episcopal Church, being a grandpa, skiing, jogging and being a retired USAF Colonel. Farmer was awarded the Legion of Merit and First Oak Leaf.

Francis W. Green (Frank), Albemarle, N.C., trained at NCMH. He is now practicing internal medicine. He and his wife, Mary, have four children. Green enjoys photography in his leisure time.

William R. Harris, Hickory, N.C., trained at University of Colorado, U.S.A.F., Ohio State University and has been in active practice in general ophthalmology since 1963. He has special interests in anterior segment surgery. Harris and his wife, Betsey, have five children.

John L. Hazlehurst III, Asheville, N.C., trained in Barnes Hospital in St. Louis and Williford Hall U.S.A.F. Hospital in San Antonio. Hazlehurst and his wife, Shirley, have two children, one of which is expecting one of her own. The Hazlehursts enjoy golfing, fishing, and gardening.

Victor G. Herring III, Tarboro, N.C., says that his type of practice is pediatrics and his specialty is children. Herring and his wife, Virginia, have three children. He says he enjoys "local politics, skiing when the opportunity arises and horses."

Robert P. Holmes, New Bern, N.C., trained at Grady Memorial Hospital and then served a fellowship at UNC in chest and infectious diseases. Holmes has three children, and says that his favorite hobbies are "bird hunting, bird watching and trout fishing." His happy news is he has two children at UNC-CH.

Henry Neill Lee Jr., Lumberton, N.C., trained at Ohio State University Hospital and is now practicing internal medicine in Lumberton. He and his wife, Elisabeth, have four children. Lee is interested in "natural history. I have worked with Morehead selection and Carolina Annual Giving, and Alumni Giving Council."

Clyde F. Lloyd, Roanoke, Va., trained at City Memorial Hospital, practiced general medicine in Garner, N.C., and then trained in radiology at NCMH. He is now practicing general radiology at Lewis- Gale Clinic, Inc. in Salem. Lloyd and his wife, Freda, have two children. He enjoys golf, tennis, and nautilus exercise program.

Otis M. Lowry, Spring Hope, N.C., trained at Watts Hospital and then served a fellowship in cerebro-vascular diseases down the road at Bowman Gray. He and his wife, Frances, have three daughters. Lowry enjoys fishing and coin collecting.

Milton B. Mann, Jacksonville, Fla., trained across the creek at Duke University and then at University of Pennsylvania. He is now practicing psychiatry. He and his wife, Clara Mae, have two children. His hobbies include archaeology and travel.

Marvin M. McCall, Waxhaw, N.C., trained at Grady Hospital. He is now in internal medicine at Charlotte Memorial and is director of internal medicine residency program. He and his wife, Beverly have two children. They live on a small farm and raise quarter horses. They enjoy flying and scuba diving.

William W. McLendon, Chapel Hill, trained at Presbyterian Medical Center in New York and completed residency at NCMH. He served in the Army in Germany and then served at Moses Cone in Greensboro. He is now chairman of the department of laboratory medicine at NCMH and professor of pathology at UNC School of Medicine. McLendon and his wife of 29 years, Anne, have two daughters and two sons-in-law. McLendon states "when I find time, I enjoy woodworking and collecting antique woodworking tools."

Robert L. Murray, Roanoke, Va., trained at NCMH and now practices radiology in a group practice with 15 radiologists. Murray and his wife, Marjorie, have four children. Murray states, "current interests: work to keep children in school, and hobby: bonsai."

John W. Ormand Jr., Wilmington, N.C., trained at University of Maryland and Cincinnati General Hospital, then the Army Medical Corps in ob-gyn and now in a group practice of ob-gyn. He and his wife of 22 years, Betsy, have two children. Ormand rates his interests as: 3 fishing, 2 boating, 1 family.

Clifton G. Payne, Reidsville, N.C., trained at Moses Cone Memorial in Greensboro. He and his wife, Carolyn, have three children. Payne's interests include golf and snow skiing.

Thomas W. Payne, Newport News, Va., trained at Fitzsimmons Army Hospital in Colorado and Brooke Army General Hospital in San Antonio. He and his wife, Jeannette, have three children. Payne states that his current interests include "skiing, spend lots of time on various committees related to local hospital and pediatric services."

Carey J. Perry, Louisburg, N.C., trained at Moses Cone Memorial, Greenville General Hospital in South Carolina, and is now in family practice. He and his wife, Marietta, have four children. Perry says that he has stuck by his guns and done exactly what he planned on doing.

George L. Pittman, Burlington, N.C., is board certified in ob-gyn and has three children. Pittman says that his current interests include "retiring, golf and tennis."

William R. Purcell, Laurinburg, N.C., trained at Medical College Hospital in Charleston, S.C. He and his wife, Jane, have four children. He is now practicing pediatrics and involved in several community activities.

James F. Richards Jr., Orlando, Fla., trained at University of California-Los Angeles, in Lancashire, England in total hip replacement and several other places. He and his wife, Joann, have three children. Richards is active in Florida Medical Association and is active on a board for a museum and planetarium. He enjoys maintaining Orlando home and new Smyrna Beach oceanfront house.

J. Iverson Riddle, Morganton, N.C., trained in psychiatry at NCMH and is now director of Western Carolina Center (Regional Facility for mentally retarded and multiple handicapped); in private practice of child psychiatry; and a consultant, Foothills Mental Health Clinic and Department of Correction—Western Correctional Center. Riddle and his wife, Marshal, have six children and one grandchild. Riddle states that his current interests are "motorcycling and the development of a Harley-Davidson Motorcycle dealership. Remain interested and active in various Child Advocacy Programs, and the development of choice in profoundly handicapped people, and the relationship between depression and severe self-injurious behavior."

Mark W. Roberts, La Jolla, Calif. From what the Bulletin can ascertain, Roberts is a thriving, struggling and superbly abstract poet laureate.

John W. Vassey, Raleigh, trained in radiology at UNC. Dr. Vassey and his wife, Lorraine, have no children.

Garland E. Wampler, Burnsville, N.C., trained at City Memorial Hospital in Winston-Salem and is now getting the dubious pleasure of participating in annual postgraduate courses of 50 hours or more each year. He and his wife, Mary Ann, have two children. Wampler reports that he takes "hunting trips for game, such as a caribou taken in Alaska in 1979; enjoys bird watching from patio and cabin on White Oak Creek, hoping to attract purple martins this year; photography, especially enjoyed taking pictures in Hawaii and Mexico; scouting activities; and seeing son become an Eagle Scout."

William B. Wood, Chapel Hill, trained at UNC and served a fellowship in chest diseases at UNC. His practice includes various and sundry things: clinical—internal medicine, pulmonary and allergy; administration—director of continuing medical education and alumni affairs. Wood and his wife, Giny, have four sons. Wood's hobbies include gardening, and raising fruit trees. When asked if his plans had changed he replies "I'm doing a lot more administrative work than I ever thought I would. Never did make it back to Western N.C. but have had a lot of fun with Navy duty in submarines and deep sea diving; a year in London, and extensive travel in U.S. of A."

Leonard S. Woodall, Smithfield, N.C., trained at UNC in surgery and ob-gyn and now practices ob-gyn. Woodall and his wife, Barbara, have three chidren. The Woodalls enjoy UNC sports, golf and flying.

Dewey H. Yarley, Durham, trained at City Memorial Hospital, School of Aviation Medicine, and U.S. Naval Hospital in Boston. He is now practicing internal medicine in Durham and on the medical staff at Durham County General Hospital. Yarley and his wife, Ann Bell, have three children. Yarley says he has "for last three years been involved in development of Central Medical Park in Durham." He also enjoys some photography.

From the Office of Continuing Medical Education and Alumni Affairs: A CME status report

Continuing Medical Education (CME) is a loosely defined and used term. For our discussion, we will refer to Category I or that which is sponsored by an accredited institution. The fundamental question of whether CME significantly influences physician behavior and improves quality of patient care has not been answered in an objective manner. In the past decade the emphasis upon process has threatened to submerge substance. This has been created by the requirement for formal recognition of CME effort and a movement from voluntary effort to mandatory requirement as a crisis in malpractice litigation was perceived in the early 1970s.

The origins of voluntary CME are uncertain, but we know that "Life Long Learning" was a prominent thesis of Osler. The 1910 Flexner report is credited with a movement toward formal CME, subsequently the AMA accepted a responsibility for organizing and fostering educational programs for the practicing physician. In 1916, the University of North Carolina School of Medicine became the first documented state university to join a state board of health in continuing medical education. In 1948, the American Academy of General Practice became the first professionasl society to require CME participation for maintenance of membership. Later the AAFP set 150 hours of documented CME every three years as the requirement for recertification.

In 1968, the AMA established the Physician Recognition Award (PRA). With the concern over malpractice litigation and a perceived crisis in public confidence in the profession, there was a further movement toward required CME.

North Carolina does not have CME legislation. However, the North Carolina Medical Society has a 150 hour/per three years CME requirement for continued membership. The problem of what to do with the physician who does not voluntarily seek membership and meet peer standards and who may be in the greatest need of CME is unsettled. The present alternative seems to be with the Board of Medical Examiners which is increasingly being called upon by third party payers and by peers to take action in specific instances.

The parent organizations of the Coordinating Council on Medical Education (CCME) agreed in 1974 to establish the LCCME as an accrediting body. There have been differences of opinion on function and procedure of the LCCME leading to a major split. In January 1981, after a series of meetings and arbitrations, the AMA and the other original parent organizations reached an agreement to reorganize under a new structure known as the Accreditation Council for Continuing Medical Education (ACCME). The UNC School of Medicine is currently reaccredited.

With this background, let me summarize some current attitudes toward CME among physicians in practice and describe what is happening in the UNC-CH effort.

In 1979, the AMA began a survey of CME similar to the 1955 "Vollan Study." This was reported rather extensively in the January 1981 issue of the Continuing Medical Education Newsletter. Of the 8,636 physicians (all licensed in the United States) surveyed, 3,563 returned completed questionnaires (45 percent). Among the findings were the following:

1. The most frequent CME activities in which physicians participate are reading journals and books, consultation or discussion, and in-hospital programs, such as tumor conferences, CPCs or staff meetings.

2. Forty-four percent consider the cost of CME excessively high, though

another 35 percent believe it is high, but justified.

3. The estimated overall average cost for CME during 1979 was $4,206. The largest single expense was $1,881 for indirect costs (lost income). Travel expenses accounted for $970 and professional dues for $536. Tuition fees and similar direct costs accounted for one of the smallest portions of individual CME costs—$428, or about 10 percent of the total.

4. Most physicians thought they should bear most of the cost of CME themselves, either directly, or indirectly through medical societies or specialty organizations.

5. As for methods for CME and keeping up-to-date in matters pertaining to health care, there was a high preference for meetings or courses sponsored by medical schools. A high to medium preference was assigned (in decreasing order of preference) to medical society meetings; scientific meetings sponsored by specialty societies; teaching colleagues, house staff and health personnel; preparation of articles, papers, books or exhibits; and in-hospital programs.

6. Respondents were closely divided on the question "Should CME be mandatory under any circumstances? Fifty-two percent said "yes," and 45 percent said "no."

Two surveys have been conducted through our CME office. The first polled 2,500 primary care physicians in the state on attitudes and preferences in CME. Approximately 32 percent responded. From this survey we learned:

1. There is a preference for one 8-hour course or two 4-hour courses, rather than eight 1-hour lectures.
2. There is a preference for weekends rather than week-days.
3. Physicians are generally pleased with the CME courses they have attended.
4. They believe the recipient physician should pay for his own continuing education.

The preference for longer courses is interpreted to reflect the feeling that they are: (1) more cost-effective in terms of travel time, (2) present more opportunity for interchange with the faculty, (3) present more opportunity for an in-depth review rather than an overview.

A survey of our own faculty reveals:

1. A high degree of support for teaching and participating in CME (85 percent).
2. Approximately 65 percent willing to perform additional teaching.
3. Approximately ⅓ felt they had been appropriately informed regarding their responsibility for CME when accepting appointment to the faculty.
4. 75 percent prefer four-hour to one-hour.
5. 36 percent prefer Chapel Hill teaching and approximately 50 percent had no preference.
6. Time utilization:
   75 percent—20 hours or less preparation
   90 percent—20 hours or less travel
   90 percent—20 hours or less in actual teaching

During 1979-80, there were 47,668.5 student contact hours with non-faculty in-state participants through CME courses sponsored by this office. If calculated as regularly enrolled students, this is equivalent to 147 students, or an additional medical school class.

Following are additional statistics concerning our CME efforts in 1979-80:

Courses in Chapel Hill 77
Courses outside Chapel Hill.....79
Total CME activities 156
In-state participations 3,713
Out-of-state participations 1,039
Total participations.....4,752

The AHEC (Area Health Education Centers) Program provides support for continuing medical education in the form of lectures, consultations, clinics, workshops and conferences. During 1979-80, the participations by health professionals in these programs in all nine AHEC regions totaled 33,433.

In summary, the University of North Carolina has a long and respectable tradition in CME and is recognized through both on and off campus teaching and AHEC as a major provider of CME. This is well received by our practice colleagues and is willingly accepted as a responsibility of our faculty.

—William B. Wood, M.D. '56
Director of CME
and Alumni Affairs

Calendar

Medical Alumni Activities

May		
21-23	Pediatric Alumni Society Meetings	Chapel Hill
October		
23	Visiting Committee Meeting	Chapel Hill
24	Fall Council Meeting	Chapel Hill

Continuing Education

May		
16-17	Update in Obstetrics-Gynecology	The Great Smokies Hilton, Asheville
22	Academy of Clinical Lab Physicians and Scientists	Berryhill Hall
23-24	Tuberculosis 1981	Holiday Inn, Wrightsville Beach
28-29	Conference on Autism	Berryhill Hall
29-30	Intraocular Lens Implantation Course	Berryhill Hall
June		
5-6	Perinatology Seminar	Berryhill Hall
12	Family Medicine Conference Day V	Berryhill Hall
July		
24-25	Practical Dermatology for the Non-Dermatologist	Grove Park Inn, Asheville
September		
13-15	Burn Symposium	Berryhill Hall
25-27	Practical Dermatology for the Non-Dermatologist	The Hilton, Wilmington
October		
2-3	Calcitonin Seminar	Velvet Cloak, Raleigh
3-4	Obstetrics-Gynecology Update	Wrightsville Beach
29-31	Pediatric Ophthalmology	Boone
30-31	Malignant Disease Symposium	Chapel Hill

For more information about C.M.E. courses, contact the Office of Continuing Medical Education, 231 MacNider 202H, Chapel Hill, N.C. 27514; (919) 933-2118.

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Some thoughts about the not-so-distant future in medicine

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Aging program established

Better health care for the elderly in North Carolina and better understanding of the problems of old age are goals of a new Program on Aging established by the School of Medicine.

Dr. Stuart Bondurant, dean of the School of Medicine, said the program will give focus to the institution's "ongoing commitment to develop effective programs of teaching, research and health care in the field of aging.

"These programs will include not only traditional, acute care medicine, but development of skills in preventive medicine and in the management of chronic illnesses and social factors that influence health of the elderly," he said.

Bondurant announced the appointment of Dr. Paul Beck, professor of medicine, as director of the Program on Aging.

Beck has served for the past year as director of the medical teaching service at the medical school's Wake Area Health Education Center in Raleigh.

"We look forward to working with other schools and departments to develop a truly University-wide approach to all aspects of the problems of aging," Beck said.

Behind the lines

If it seems like we do a lot of bragging about the faculty and staff here in Chapel Hill, it's only because they deserve it. The following pages include reports of some of their latest accomplishments in patient care, education and research. Yet much credit for various successes enjoyed by the School of Medicine and Memorial Hospital rightfully goes to alumni and other referring physicians across the state. A noteworthy example:

On the morning of July 9, Dr. William Herbert, assistant professor of obstetrics and gynecology, delivered the first set of Siamese twins ever born at N.C. Memorial.

That night, a team of physicians led by surgery chairman Dr. Colin Thomas successfully separated the twins. (Fifteen years ago, Thomas performed the only other separation surgery here. It also was successful.) The twins' livers had been joined through a six-inch-long bridge of tissue that connected their abdomens. They continue to be in good condition, as does their mother, whose name was not released.

The apparent good outcome, according to Dr. Robert Cefalo, acting chairman of ob-gyn, is due to several factors, including the ability of the mother's local physician, a UNC-CH medical alumnus, to diagnose that she was carrying Siamese twins and the excellent care she received from her local physician up to the time she was admitted to N.C. Memorial.

In this issue, Dean Bondurant and Dr. James Scatliff share some thoughts about what lies ahead in medicine and how physicians might best respond to the challenges and opportunities of the future. We've also included an article about the medical school's Learning and Assessment Lab, which enhances the education of future physicians. That report begins on the next page.

—JWB

Learning and Assessment Lab

es medical students a boost

It's difficult to say what students like best about the School of Medicine's Learning and Assessment Laboratory.

It certainly could be the environment. The lab, which recently moved to 329 MacNider, is quiet enough—but not *too* quiet, and one finds others there equally interested in studying. Moreover, it's open 24 hours a day, seven days a week.

Then there are the resources, including various review materials, practice exams and a computer terminal.

Yet what many students seem to appreciate even more than the environment and the resources is the personal attention and guidance they receive from the Learning and Assessment Laboratory staff.

The lab was established a little more than two years ago to provide academic support for medical and other health affairs students. It is a unit of the Office of Research and Development for Education in the Health Professions.

"There are few, if any, units like this in the country, focusing on student support on a systematic and continual basis," says Dr. Henry T. Frierson Jr., an educational psychologist who has been director of the lab since its establishment.

Among the services available through the lab are academic counseling, student self-assessment materials, and help in improving test-taking, study, note-taking and time management.

One or more of three staff members are in the lab from 8-5, Monday through Friday. Besides helping students find their way around the lab, they offer specific help for a variety of academic problems.

Difficulty in retaining lecture information is not an uncommon problem, Frierson said. "The average effective lecturer speaks at the rate of 90-110 words per minute, while the average individual takes notes at the rate of 20 words per minute. We teach students a system which can increase their note-taking to 50-60 words per minute."

If a student is having no particular problem learning material but still scores low on exams, he or she can get help with test-taking skills.

"We identify the particular problems the student has," Frierson said. "We go over exams with them and discuss mistakes they might have made. And we provide practice exercises to help them perform at the level at which they should perform, based on their level of knowledge."

The Learning and Assessment Lab was not, however, set up just for students having academic difficulties, Frierson points out. And it is, in fact, used by a variety of students.

"Some 60 percent of the second-year class used the services during the past academic year," Frierson said. "And that doesn't include those who just came in and picked up materials and left."

Between 70 and 90 students use the lab each week, the number peaking close to exam time.

"The lab was initially looked upon as being for students having trouble, but everybody uses it now," says Ronnie Beamon, a rising fourth-year medical student. "I saw the brightest guy in our class in here recently."

Beamon said he appreciates the atmosphere of the learning lab, but the main reason he chooses to study there is because of the materials which are available.

"About two years ago, a group of students gave Dr. Frierson a list of aids we thought would be helpful. He got as many as possible.

"I came here to study and to use the computer a lot during my second year. A group of second-year students would meet here to study together once or twice a week," Beamon said.

One frequent study mate of Beamon's is Tommy R. Harris who has been using the lab since he participated in the Medical Education Development Program the summer before he entered medical school.

During his free time between this spring and summer, Harris spent at

Dr. Henry Frierson, director of the Learning and Assessment Laboratory, discusses test-taking techniques with a medical student. Helping students improve their test-taking skills is one of a number of services available to all medical students through the learning lab.

Learning and Assessment Lab staff member Dolly Johns (third from left) helped these medical students organize a series of group study sessions to prepare for their first-year final exams this spring. More and more students are discovering that the lab is a good place to study because of its resources and the support of lab staff.

least three hours each morning studying in the lab.

"This review book for the Medical License Examination costs $34," he said to a visitor during one of those morning sessions. A number of students, he noted, can't afford to buy many such study guides.

The study group concept which Beamon and Harris found so helpful, especially during their second year, may have been employed to an even greater extent by those who completed the second year this spring. And the idea spread, with a significant boost from one of the lab staff members, to this year's first-year class.

"About a month before exams, the anxiety level for many first-year students was beginning to rise," said Dolly Johns, research assistant. "A second-year study group had been in here all the time right before their exams, and I thought a similar organized review would be beneficial for first-year students, too."

She found a time the group could meet weekly—on Tuesday afternoon—for about an hour and a half. The students who came to the organizational meeting assessed their own needs and outlined a study plan. They agreed that those strong in one area could help those having difficulty in that area.

Looking at their study plan, they decided to study all afternoon, rather than just an hour and a half.

"There is still a lot of material to cover," one noted. "Does anyone want to get together on Friday afternoons, too?"

Everyone did.

There was a little more discussion of the study plan and material to be covered as the students prepared to leave the organizational meeting. Just before they left, one turned to Dolly Johns and asked, "Can we meet here Monday at 1 o'clock, too?" □

Dean's Page

During the presidential address of the American College of Physicians this April, I discussed several of the large challenges facing medicine, and I would like to share some of these thoughts with you here.

For much of this century, physicians and professional organizations have concentrated on improving the quality of care. Since the late 1950s, an emphasis on improving access to health care has been added to these efforts. As a result of the emphasis on enhancing access to health care, the nation now seems to be approaching adequacy, if not a surplus, in numbers of physicians, and access will no longer be physician-limited. Further, there is now clear evidence that access limits care only in isolated pockets. The challenge of the future will be to sustain both the quality of care and the access to care that our people now enjoy, in the face of limited resources and while addressing several further challenges.

Since I believe our effectiveness as physicians remains limited chiefly by the imperfection of our understanding of man and his environment, I believe we should give continuing and renewed support to biomedical research. We have seen dramatic improvement in morbidity and mortality of a host of important conditions—arteriosclerotic heart disease, rheumatic heart disease, stroke, infections, some cancers, renal disease, endocrine disease, and neonatal illness, to name but a few. Even this partial listing is very impressive, indeed.

In addition, new understanding of health and disease is flowing into the system at a rate that will cause real change in the practice of medicine. Consider for a moment the powerful impact on health care of the new biology with its advances in our understanding of the neurotransmitters, genetics, immunology, and cellular and molecular biology. Consider the impact of improved diagnostic techniques, such as nuclear magnetic resonance and positron emission tomography. Consider that we are just beginning to develop the discipline that might be called personal preventive medicine. Consider the insights and momentum toward humanism in medicine that we now have.

But we must not let our success, measured in either outcomes or in the development of technologies, deter us from the need for and rich potential of definitive understanding and prevention of disease.

If we have learned over the past 50 years how to enhance the quality of care and over the last 20 years how to improve access, and if our research programs promise increasing dividends without known limit, what remains?

I believe there is an old issue in new guise that is so important that serious attention to it should join our continuing concern for quality and access. This issue is the scope of medicine, seen not from a parochial perspective, but rather from the broader perspective of the perfection of the profession of medicine in order to enhance the quality of life of mankind.

I believe we should exert rational continuing control over the scope of medicine in order to avoid being drawn into inappropriate activities and claiming more than we can deliver and to assure the appropriate evolution of medicine in response to social needs.

As a profession, we have no machinery for determining or even considering the scope of medicine in a systematic and orderly way responsive to changing needs.

Neither our educational programs nor credentialing constitute the practice of medicine, and both tend to be reactive rather than proactive in their influence on the range of activity of medicine—witness the slowness of medicine in emphasizing primary care in the 1950s and 1960s. Witness also the hesitation marks we are now making around geriatrics. In my view, there is a real social need to strengthen and extend the involvement of medicine in geriatrics at this time.

Further, an array of powerful external forces will act to modulate the scope of medicine in the near future. These forces are so familiar that I need but list them to illustrate their influence: advancing knowledge and technology; manpower—that is, numbers, distributions, and types; the organizational patterns of health care; the financing of health care; the need for health care; the demands for health care; the changing values of the public; and the evolving purview of other professions and health disciplines. Each of these forces will act to shape medical practice.

I suggest that each of us and our professional organizations should purposefully consider in an orderly and continuing way the scope of medicine so as to avoid or resist inappropriate additions or omissions and to encourage appropriate adjustments. Especially in a world of limited resources, it will be important to discriminate among possible directions of growth. Not every possibility can or should be pursued. In my view, medicine should be particularly wary of being distorted by the inclusion of disciplines based on technological advances that do not involve the traditional relationships of physicians and patients.

I wish to share three thoughts concerning the evolution of a concept of the domain of medicine.

First, I hope that there will not be rigid, absolute, or empirical definition of medicine by any authority more specific than the medical practice acts of the states but rather evolution on the basis of opportunity and experience in many settings.

Second, I believe that all who consider the scope of medicine should do so within a coherent, conceptual framework.

Third, I want to share the criteria that in my view should be met for any enterprise to be included within the domain of medicine: (1) The activity should be responsive to a true social need; (2) the activity should be consistent with social demand. (These two criteria are intended to assure that medicine is responsive and necessary.) (3) The activity should draw substantially on the body of biomedical, behavioral and other scientific knowledge and competence that underlies the practice of medicine; (4) inclusion of the activity in the scope of medicine should not fracture the coherence of medicine. (These two criteria are intended to assure that medicine evolves reasonably.) (5) The activity will be successful in the real world.

And activities can be expected to move in and out of the purview of medicine over time as technologies mature and become obsolete and as health problems change.

We should press forward the perfection of our profession by continuing to work to assure accessible personal and public health care of the highest quality our means will allow—and of a scope and content specifically designed to fulfill our great purposes.

Stuart Bondurant

Physicians should serve patien skill, compassion, talking and a

By James H. Scatliff, M.D.
Professor and Chairman
Dept. of Radiology

(Dr. Scatliff presented these remarks in his commencement address at the School of Medicine Hooding Ceremony, May 17, 1981.)

The students who have taken the radiology elective know that I like to talk (and most of the time too much) about what is going on in the high technology world of X-ray and imaging. Needless to say, with CT, ultrasound, and positron emission scanners opening new vistas of information about the body and how it is or isn't working, things are pretty exciting, if not expensive, in my specialty.

This fantastic technology isn't confined to radiology. There is no doubt biomedical engineering breakthroughs of the last 20 years save and make lives better. I do have some concerns about this though, and especially what it may mean for our patients and us as practicing physicians.

I would like to speak first about the importance of our personal care for patients despite ever increasing technological advances. As someone has said, the second industrial revolution has started. Microcircuits on silica bring us everything from laboratory data to craters on the moon. I suspect it won't be long before every organ in our body has its own monitoring computer megabyte. Every Monday night, we can check out our pancreas while we sleep. Just stretch out on the new Simmons gantry-size mattress, with 1,000 solid state detectors focused on your back.

By morning, with the help of nuclear magnetic resonance and videotape, we can review all aspects of pancreatic function. The number of near misses of potential tumor cells getting away from phagocytes will compete with the 7 o'clock morning news.

I know that all sounds absurd. I used to think the same thing about a movie called the "Fantastic Voyage." It had to do with miniaturizing some scientists who were then put in a blood cell sized submarine. They were launched in the antecubital vein of an important politician. As I recall the plot, the person had suffered a stroke. East-West Detente hinged on the success of the scientists destroying the obstructing blood clot with lasers. It was indeed a fantastic voyage, especially as the submarine was tossed between the great flapping leaves of the mitral valve on its way to the cerebral thrombus.

I am not suggesting that we reduce ourselves to microns to fight disease. There are techinques being developed, however, that will do it for us. As you know, we now have tiny balloons on catheters that push aside obstructing athrosclerotic plaques. I have heard that it may be possible to lash a small ultrasound transducer to a catheter, much like putting bait on a fish line. The catheter could then be manipulated to a pulmonary or middle cerebral artery, and the sound from the transducer would break up the thrombus. Most probably, other devices like this, programmed by computers and radiocontrolled, will be developed and incredible biological maneuvers carried out.

I won't cite other possibilities. If I do, you will think I am becoming paranoid about our competition. I believe we must worry though that society is beginning to have more faith in our devices than in us as physicians. Consider our computers and the amenities they are given at the hospital. This summer, they will bask in a cool 60-degree environment. They have at least a monthly, if not weekly, physical examination. They are allowed a breakdown now and then, and we do our best to restore them quickly to electronic vigor.

One now sees in X-ray literature, as we move forward in marrying X-ray images with computers, some remarkable block diagrams. The diagrams are nicely arranged, with arrows going from X-ray tubes to image intensifiers to TV cameras to computer processors, and, finally, system communicating interfaces. Surprisingly enough, the diagram doesn't include a patient. There is hardware, software, but no person.

There is no doubt that reliance of patients and ourselves on technology will increase exponentially as the years go on. I am sure, too, that we will use this technology well, but we must do more.

There is one thing we do as humans far better than computers. We are several million years ahead in seeing, feeling, and most of all, talking. I don't think though we use these senses and abilities enough in the care of patients. To bring the best medical care to patients, we must try.

Please be assured that I don't think you or the profession you have chosen doesn't understand this need. You do care very much about people. You have

with
it of humor

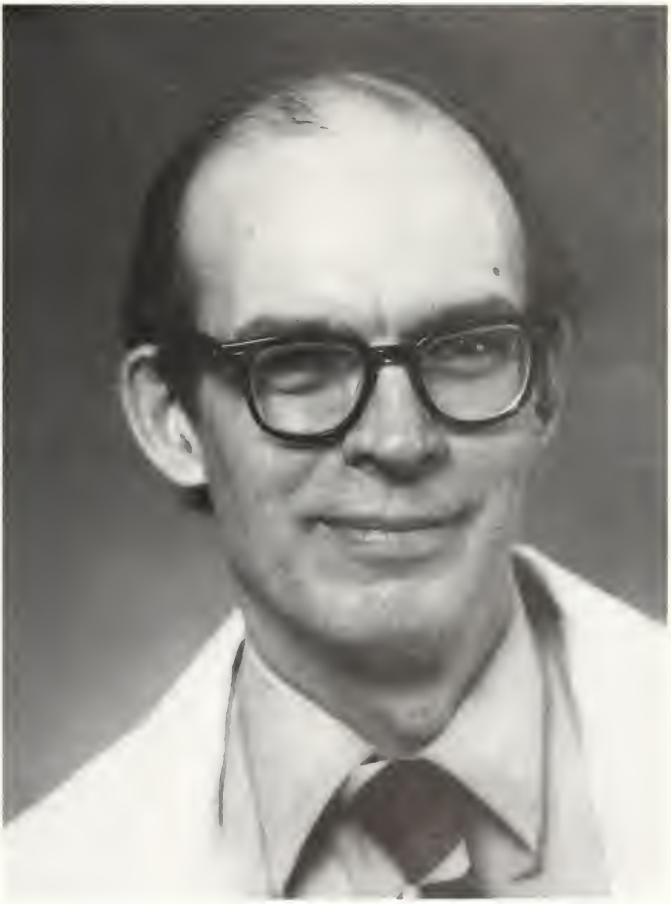
"I believe we must worry that society is beginning to have more faith in our devices than in us as physicians."

combined this desire with your interest in biology very well, as you prepared to practice medicine.

The trouble is, during your medical studies, you had to acquire great masses of knowledge. Unfortunately, the decision trees we must all go through are too often hidden by a forest of information which must be sorted out. Sometimes patients who we want to do our professional best for don't perceive how much that process may involve us.

Clearly, we have to be accurate in our diagnosis and skillful in our treatment. I don't think we will do that very well unless patients recognize our humanity and we theirs. It takes time and more than just medical knowledge to do this. Let me tell you about a physician I knew very well who did have a great knack for this.

My father practiced medicine in Chicago for nearly 60 years. His basic medical knowledge was that of the first two decades of the century. He did, however, a very good job keeping up. I can still recall great stacks of journals in his study or by his bedside. My mother tried hard to thin these out but with little success. He would insist that he had not finished this or that journal, and there was one last bit of information he needed.



Dr. James H. Scatliff

My mother replied, "If you would spend less time talking to your patients, you would have more time for your journals as well as the family." This was indeed true. My father's interest in a patient as a person was one of his great attributes as a physician. He was a good diagnostician, but along the way in making a diagnosis, he invariably found out about a patient's family, where they grew up, and what they were doing or wanted to do with their lives. Sometimes that process seemed interminable to me. This was especially so on a Saturday night when our family waited in his office until he saw the last patient. When he had, we could go out to dinner and the movies. In that era of double features, we were lucky to get to the second movie on time.

I am not suggesting that you turn an office or bedside visit into a social event. A knowledge of what has been or is close to a patient and their memories, however, is very important for patient care. I am sure you all know this, but it is sometimes hard to remember in busy house staff work or in practice.

Many of us have been so busy amplifying and using our medical knowledge, we tend to forget that patients we may see in a nursing home, for example, grew up in a very different time. The best memories they want to share often are from 50 years ago. Chatting with a patient about those times, with some knowledge on our part, can establish a rapport far greater than anything we know about metamucil or valium.

A reasonable knowledge of this century's history, culture and mores is a place to start.

To establish this point, I want you to know that I am a Glen Miller addict. Several months ago, I bought a Glen Miller tape for our car stereo. When I drive by where the Tin Can used to be and where the big bands used to play, I roll down the window and let the Raleigh Road have a quick blast of Tuxedo Junction, Little Brown Jug, or A String of Pearls. I roll the window up quickly when I see the students walking by thinking there is someone from outer space, or perhaps spaced out, driving by.

Do remember when my time for congestive heart failure comes that I like Glen Miller. You'll be great, and I'll recover much faster if you at least know about the big band sound. I, in turn, will do my best to share with you what I know about the Rolling Stones, Lead Zepplin, and the Who.

I would like to say a few closing words about personal gratification as we practice medicine. I suspect your perceptions of what medicine is like have changed a great deal in the last several years. I know mine did from the time I decided to study medicine to the time I started my internship.

I cannot deny having had strongly idealistic feelings. These have been tempered by the day-to-day pragmatic requirements of patient care, and the radiology for that. I can remember how hard it is to be idealistic at 2 o'clock in the morning in a busy emergency room,

"Clearly, we have to be accurate in our diagnosis and skillful in our treatment. I don't think we will do that very well unless patients recognize our humanity and we theirs. It takes time and more than just medical knowledge to do this."

where there are too many patients, not enough physicians, and you are tired.

In situations like that, you do your best to provide the best service you can. Good service in our work, I believe, is in itself rewarding.

To emphasize this point, let me contrast two statues in Boston.

One is a rather severe looking fellow named William Lloyd Garrison. He was a Boston newspaper publisher and the leading abolitionist of the mid 1800s.

The inscription on his statue quotes him twice.

One thing he said was, "I am in earnest, I will not equivocate, I will not excuse, I will not retreat a single inch, and I will be heard."

The other was, "My country is the world, and my countrymen are all mankind."

He said that in his strong stand for abolition, which was a vital issue and need for that time. I asked myself though, could he have said things like that every day? I rather hoped he equivocated about some things, allowed a few excuses, and backed up an inch here and there. When he walked into his office every morning, did he really think he was a citizen of the world and that all mankind was going to read his newspaper? If he did, I think he must have been difficult to live with and maybe even he found it hard to live with himself.

In medicine, I believe we have to be careful about thinking we are absolutely right in what we suggest for a patient. At times, we must retreat more than an inch. We must look at alternatives with members of a patient's family as well as other physicians.

The diagnostic studies we think the patient must have may not really be needed. There may be less expensive medicine or no medicine at all, and the patient will still do well. When we have done all we can do, it may be better for a patient to die without tubes or needles or respirators. The most important thing we may do at the death bed as I, as a physician and a son, found when my father died was to be there, to hold his hand, and moisten his parched lips.

I like the second statue better. It is a statue of William Collins, who was the mayor of Boston at the beginning of the 20th century. The inscription said, "He was talented, honest, generous, and a serviceable man." I was intrigued by the unusual use of "serviceable." One could interpret that in the sense that he provided good service for his political friends. I doubted that though, and the word was used to indicate he had indeed been a person who provided honest and generous service throughout his life.

I think that is the goal to strive for in our daily work as physicians. If you carry out service for your patients with skill, compassion, talking, and a bit of humor, I am sure you will find your careers are tremendously fulfilling. You will be able to look back over the time of your life and say it was what you had hoped it would be as a physician. □

Research success...

"Our high NIH ranking reflects the fact that the research engaged in by our faculty is recognized by their peers as being of exceptionally high quality and potential. We have faculty members who are known throughout the world in many cases as leading authorities in their fields and investigators of highest caliber."

—Dean Stuart Bondurant

In the last issue of the *Bulletin*, we reported that research proposals from the School of Medicine were ranked by the National Institutes of Health in the top 10 among medical schools across the country.

A more recent NIH report ranks research projects submitted by the University as a whole—including those from the School of Medicine—as seventh highest in the country in overall quality.

UNC-CH also achieved the 16th most successful funding rate among the 91 institutions that submitted 50 or more proposals to NIH. Four of every five UNC-CH applications were approved and slightly more than half of those approved received support.

In the NIH ranking of medical school research, proposals of the UNC-CH School of Medicine were judged fifth highest in the United States in overall quality and ninth highest in funding success.

Some of the more recent successes—including grants from NIH as well as other sources—are described here.

CRU grant renewed

NIH has awarded the Clinical Research Unit a five-year renewal of its operating grant.

The research advisory council of the National Institutes of Health has recommended that NIH funding for the CRU increase from $966,000 in 1982 to $1.3 million by 1986.

The CRU currently has about 70 active research projects.

The unit, which includes 14 patient beds, last year recorded 855 admissions. The number of outpatient visits increased from 334 two years ago to 526 last year.

CRU director Dr. Robert D. Utiger said those numbers reflect an increasing interest among faculty physicians in clinical research.

"We have had more research proposals submitted and approved in the last couple of years than ever before," Utiger said. "I hope we will continue to have a high rate of utilization, because an active research program not only advances medical science but helps an institution attract and keep quality faculty members."

Neurosurgery gets $900,000

The School of Medicine's division of neurosurgery has received a five-year, $900,000 contract to evaluate the effectiveness of the newest therapies for malignant brain tumors.

The National Cancer Institute selected UNC-CH as one of only two new participants in its Brain Tumor Study Group and one of only seven institutions in the United States to receive funding through 1985.

Dr. M.S. Mahaley Jr., professor and chief of neurosurgery, said the funds will be used to pay for support personnel, chemotherapy, laboratory tests, data processing and patient care items not already provided by the Clinical Research Unit at N.C. Memorial Hospital.

"During the past few years, the University has become a major brain tumor referral center, and we are now treating over 90 patients from North Carolina and neighboring states," Mahaley said. "A large part of the success we've had has resulted from the great cooperation given us by neurosurgeons, oncologists and radiotherapists who have referred patients to us."

Collaborating with Mahaley in the research and treatment effort are Drs. Gustavo Montana, professor and director of radiation therapy; Robert A. Whaley, associate professor of radiology; and Martin R. Krigman, professor of neuropathology.

Other members of the National Cancer Institute's Brain Tumor Study Group are Memorial Sloan-Kettering Cancer Institute, New York University and the universities of Indiana, Iowa, Pittsburgh and Tennessee.

Cancer prevention the focus

Cancer prevention will be the focus of a new program in the schools of medicine and public health funded by a five-year, $201,120 grant awarded by the National Cancer Institute.

The schools will merge existing research and education programs with clinical oncology programs to uncover information that will prevent adverse side-effects of treatment and improve the "quality of life" of the cancer patient.

"Prevention of adverse cancer outcomes from occupation, from failure to diagnose patients early, and from treatment is now a major concern of the National Cancer Institute," said Dr. Seth Rudnick, assistant professor of medicine and principal investigator of the grant.

Rudnick received special training in epidemiology at Yale University before coming to Chapel Hill to accept a joint appointment in public health and medicine and to become a member of the Cancer Research Center.

"The grant will increase the awareness of preventive oncology in the clinical setting, serve to attract medical and public health students into careers in cancer prevention and serve as part of the foundation for future efforts to control cancer," Rudnick said.

Investigators will design research projects to investigate the occupational cancer risks of woodworkers in North Carolina's furniture factories and energy workers exposed to X-rays over long periods of time.

Some of the new and ongoing cancer prevention projects that will be developed over the next five years include:

—a study of patients with metastatic adenocarcinoma to try to determine the location of the original tumor;

—a study of the relationship of radiation therapy to the cause of a second cancer in cervical cancer patients;

—studies of the consequences of undertesting in the diagnostic evaluation of cancer patients and the benefits versus cost of follow-up tests in cancer patients.

Program researchers will utilize the Cancer Research Center's Cancer Data Base to retrieve information to be used in the research projects. The data base, under the direction of Dr. J. P. Browder, assistant professor of surgery, contains patient and tumor identification data on approximately 26,000 malignancies seen at N. C. Memorial Hospital since its founding in 1952.

The program also will tie in with the Cancer Control Program, based in the Cancer Research Center, which seeks to improve clinical management of patients with breast, cervical and endometrial cancer in North Carolina.

Gift from an old friend

When plans were being laid for the formation of the Cancer Research Center at the University of North Carolina at Chapel Hill in 1975, The Burroughs Wellcome Fund was among the first to pledge financial support. Recently the fund gave the University $200,000 of a $250,000 pledge to help finance construction of a facility to house the Cancer Research Center.

Noting receipt of the contribution, Dr. Stuart Bondurant, dean of the School of Medicine, said, "The Burroughs Wellcome Fund originally planned to make this contribution over a five-year period. We are grateful they have decided instead to make the first four installments at this time. Because the financial needs are extremely great at this stage, this support is not only generous, but also quite literally vital."

Construction is expected to begin later this year on the cancer research building to be known as the Lineberger Cancer Research Center. The facility is expected to be completed in 1984 and will house the laboratories of the center's original core faculty now scattered throughout the UNC-CH medical center.

Bondurant noted that the Burroughs Wellcome Fund has supported cancer center activities for a number of years.

"The sponsorship of the Burroughs Wellcome Fund has enabled us to bring distinguished visiting professors to campus, thus benefitting medical education throughout the region," he said. □

Lectureship established to honor Lawrence Zollicoffer ('62)

The late Dr. Lawrence Zollicoffer (M.D. '62), the fourth black student to graduate from the School of Medicine, has been honored with the establishment of the Lawrence Zollicoffer Lecture.

The first Zollicoffer Lecture was given this spring. It was the highlight of a day of activities commemorating 30 years of black student enrollment in the School of Medicine.

Dr. Louis W. Sullivan, dean of the Morehouse College School of Medicine in Atlanta, was the first Zollicoffer Lecturer. His topic was "Minority Physicians in the 1980s: Prospects and Challenges."

During his visit to Chapel Hill, Sullivan participated in rounds and in a number of meetings with faculty, students and alumni of the School of Medicine. His visit was sponsored by the Student National Medical Association, an organization involved in areas of specific interest to black students, in conjunction with the School of Medicine.

A native of Halifax County, Zollicoffer graduated from North Carolina A. and T. State University in 1948 at the age of 17. Following military service and several years in the teaching profession, he enrolled in the University of North Carolina at Chapel Hill.

His post-graduate training included a pediatrics fellowship at The Johns Hopkins University Hospital, and Zollicoffer remained in Baltimore to practice pediatrics.

He became a prominent physician, known especially for his humanitarian accomplishments.

Garwyn Medical Center, of which Zollicoffer was a founder, was one of the first black-owned and operated medical centers in the Baltimore area and received national recognition. He also was a member of Freedom House, one of the nation's oldest organizations for the advancement of civil rights. Zollicoffer died of cancer in 1976.

One of Zollicoffer's four children, Michael L. Zollicoffer, currently is a student in the UNC-CH School of Medicine. Other members of the family also were in Chapel Hill for activities connected with the Zollicoffer Lecture.

The first black student in the School of Medicine was Dr. Edward O. Diggs, who enrolled in 1951. Now a Winston-Salem physician, Diggs graduated in 1955 and was the first of 111 minority students to receive M.D. degrees from UNC-CH through 1980.

For a number of years, the School of Medicine at UNC-CH has consistently had one of the highest minority enrollments among all traditionally white medical schools in the nation.

During 1980-81, 13 percent of UNC-CH's medical student enrollment was black and other minorities were represented by an additional 2.6 percent. Twenty-eight minority candidates were among the 160 M.D. recipients this spring.

Dr. Louis Sullivan met with students, alumni and faculty members during his visit to Chapel Hill to deliver the first Lawrence Zollicoffer Lecture.

Procedure leads to healthy loss

Six years ago, Dr. Joseph Buckwalter, professor of surgery, performed the first gastric partition operation in North Carolina to reduce the size of a patient's stomach and limit the amount of food which could be held. Since then, Buckwalter and Dr. Charles Herbst, associate professor of surgery, have performed about 400 partition procedures at N.C. Memorial Hospital. They currently do about four operations a week between them, and the demand is so great that patients accepted for surgery often have to wait three or four months.

Buckwalter and Herbst stress that partition surgery is not for everyone with a weight problem. Generally they only accept patients who are at least 100 pounds over what is considered ideal, based on their height and frame. These patients are labeled "morbidly obese," because their weight poses a significant health threat.

Medical problems that often can be relieved by weight loss include high blood pressure, diabetes and arthritis.

"I've seen people confined to wheelchairs because they've gotten so heavy they can't walk without hurting their knees and ankles," Buckwalter said. "They are completely immobilized, simply because joints that were designed to carry 125 pounds are being asked to support 400 or 500 pounds. Not only are these people ruining their health, they are miserable human beings."

Herbst said the best candidates for partition surgery are reasonably healthy young adults for whom "there is a good chance of preventing or reversing medical problems before they cause irreparable damage.

"We've had diabetics who were on high doses of insulin every day, and they were able to get off insulin completely after losing weight."

People whose obesity is related to a thyroid or adrenal disorder and those who have been obese for only a few years are not considered for surgery. And Herbst said that even for those who qualify, surgery is a last resort.

"It is far better to lose weight through dietary efforts than to go into surgery."

But for so many of his patients, Herbst said, the problem is maintaining a sustained weight loss through dieting.

"If you go on a diet and lose 40 pounds, that's still only a drop in the bucket for someone who weights 400. It's terribly discouraging."

Gastric partition surgery is by no means a guaranteed cure for obesity, but some patients lose so much weight so fast they can practically see the pounds falling off. Buckwalter tells of a man who lost 225 pounds in just eight months and a woman who went from more than 500 pounds to 165.

For most patients, however, the weight loss is more modest, and a few lose only 20 or 30 pounds. Four out of five patients lost two-thirds of their excess weight within two years. But the physicians stress that in order to achieve an optimum, permanent weight loss, patients must change their lifestyles to include proper eating habits and regular exercise.

"Many of these people have atrocious eating habits and consume unbelievable amounts of food," Buckwalter said, recalling a woman who made a meal of five pounds of hot dogs the night before entering the hospital.

"In addition to doing the operation, we have to help them adopt a completely new lifestyle that doesn't totally revolve around eating."

Herbst said no one considering partition surgery, no matter how desperate, should take the operation lightly.

"This is big-time surgery, and the possibility of complications should not be minimized," he said. "The chance of having a complication is 20 percent. The chance of having a major, life-threatening complication is 5 percent, and that's significant."

Because of the risks, Herbst said he doesn't operate on people he calls "curiosity seekers."

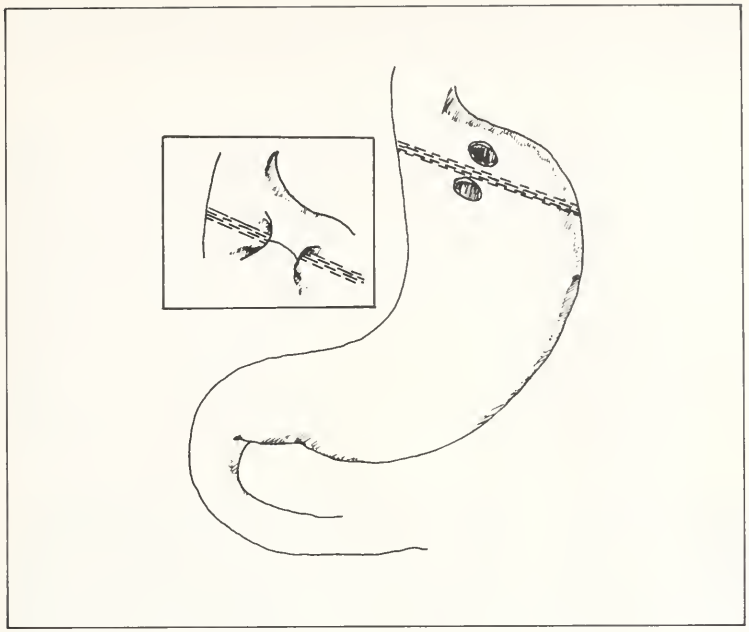
"I'm not interested in just making people pretty," he said. "I'm interested in making them healthy."

Nevertheless, both physicians agree that the boost to psychological well-being brought about by an improved appearance can be as important as the strictly physical benefits.

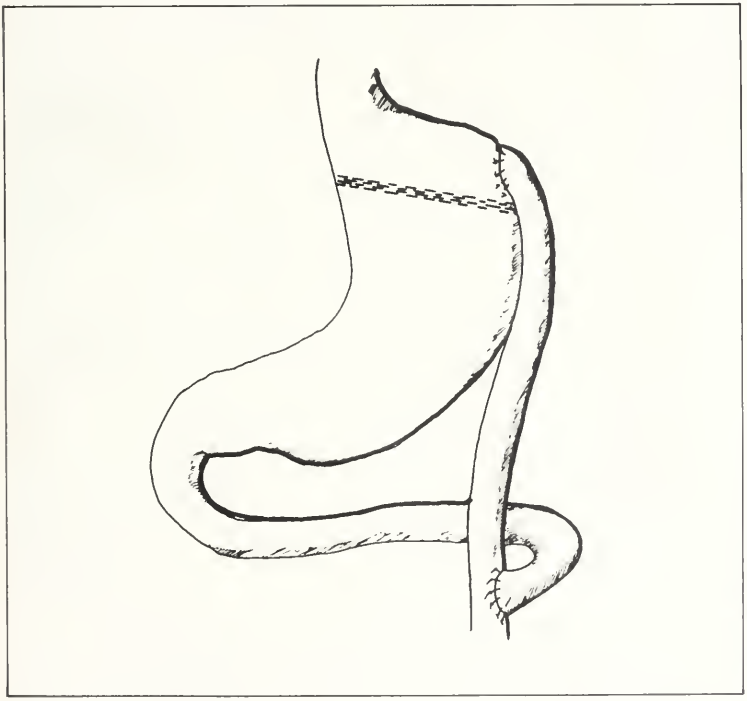
"For many people, this literally transforms their lives," Buckwalter said. "They feel re-born because they are able to do things they haven't done in years. They have a new self-image and renewed self-respect."

Buckwalter noted that at least 90 percent of the people who have partition surgery at N.C. Memorial Hospital are women. The reason, he said, is that obesity seems to create more psychological and social problems for women. "They tend to be more ashamed of it."

The motivation that brings morbidly obese people—both men and women—to the hospital for gastric partition surgery is simple, Buckwalter said. They just want to be normal. □



This figure depicts the procedure performed by Dr. Joseph Buckwalter, in which the front and back of the stomach are stapled together and a hole is cut in the newly-formed partition to allow food to pass through.



In the method illustrated here, the stomach also is partitioned. But instead of cutting a hole in the partition, Dr. Charles Herbst attaches a section of intestine to the upper part of the stomach to serve as a conduit for food. So far, experience has shown this method and the one illustrated above to be comparable in terms of weight loss and risk of complications.

Extracts

A physician from North Carolina and another from Great Britain will get a firsthand look at each other's practice this summer. They will participate in an exchange program sponsored by the Wyeth Laboratories.

The Area Health Education Centers (AHEC) program of the University of North Carolina at Chapel Hill School of Medicine has received a 1981 Wyeth Traveling Fellowship that will fund a portion of the physician's travel and expenses.

Dr. Eugene S. Mayer, AHEC director, said it will enable Dr. Peter Ungaro of Wilmington to spend two weeks in the United Kingdom studying the health care delivery system there. Ungaro has a faculty appointment in the School of Medicine through the Wilmington area AHEC.

The British physician who serves as his host will visit North Carolina later in the summer, spending one week on campus and one week in the Wilmington AHEC region.

Mayer pointed out that this is the sixth year North Carolina's AHEC program has received a Wyeth Traveling Fellowship.

Wyeth Laboratories has facilities in both the United States and the United Kingdom.

"We are now able to look at individual cells in much more detail and learn more from them than we ever could before."

Dr. Charles Carney, director of N.C. Memorial's cytology laboratory, offers this assessment of fine needle aspiration which is being increasingly accepted as a reliable diagnostic procedure because of recent technological advances in cytology.

Cells obtained by this method from a suspicious growth in a patient are taken to the cytology lab where both a cytotechnologist and a pathologist carefully examine them under a microscope.

A physician precisely positions a "fine needle" over a patient's abdomen. The needle will be inserted into a growth deep inside the abdomen to retrieve fluid that may reveal whether the growth is cancerous. On the facing page, Dr. Charles Carney and cytotechnologist Mary Alston search for evidence of cancer in a tiny amount of fluid removed from a suspicious growth in a patient.

Extracts

"As we get more experienced and accumulate more data, I think pathologists will be just as comfortable with fine needle aspiration diagnosis as they are with tissue biopsy diagnosis," Carney said.

Because the needles used in the aspiration procedure are so thin, they can safely pierce even delicate, vital organs. And they can be stuck through almost any organ or tissue on their way to the intended target without spreading infection or causing internal bleeding.

For these reasons, Carney said, "there is practically no area of the body that is off-limits to this procedure."

In addition to yielding results as reliable as a biopsy study in many cases, fine needle aspiration offers other important advantages, including cost, convenience and eliminating much of the agony of waiting for a diagnosis.

Dr. Yung-Chi Cheng, professor of pharmacology and medicine and member of the Cancer Research Center, received one of the three awards presented annually by the American Association for Cancer Research.

Cheng, head of the Cancer Research Center's drug development program, received the second Rhodes Memorial Award at the association's April meeting in Washington, D.C.

The award is given in recognition of meritorious achievement in cancer research. It honors Dr. C.P. Rhodes, a founder and first director of the Sloan-Kettering Institute for Cancer Research. Nominations are made by association members.

A Taiwan native, Cheng came to Chapel Hill in 1978 to head the drug development program in the Cancer Research Center.

He earned his B.Sc. in chemistry from Tunghai University in Taiwan and his Ph.D. in biochemical pharmacology from Brown University.

Extracts

A study of 30 patients who underwent by-pass surgery at N.C. Memorial Hospital has revealed that these patients may continue thinking of themselves as disabled, even long after the pain is gone. The study found that the longer patients waited to have the by-pass operation, the more their self-image was likely to suffer.

More than a year after successful surgery, 83 percent of the patients were unemployed, 57 percent were sexually inactive and many continued to think of themselves as "damaged." Patients who were most unhappy with their lives and who had the lowest self-esteem were those who had suffered disabling pain for the longest period of time prior to surgery.

"During the time of pain and reduced heart function, it's easy for a person to learn a life disability and develop a self-image that's based on being ill," explained Dr. Lambert McLaurin (H.S. '70), a clinical associate professor of medicine involved in the study. "Although we may fix what's physically wrong and make his symptoms go away, it doesn't mean that his self-concept will automatically change and he'll be able to live a happy, fulfilling life."

Furthermore, he said it appears that the longer a person has to get used to being sick, the harder it is to adjust to being able-bodied again. For that reason, McLaurin said, the possibility of by-pass surgery should be considered soon after the onset of significant symptoms.

Dr. Stuart Bondurant, dean of the School of Medicine, is one of nine physicians honored recently with mastership in the American College of Physicians (ACP).

As a master of the ACP, Bondurant joins an elite group of his medical colleagues. Of the 51,000 members of the organization, only 159 hold the rank of master. With this honor, Bondurant follows in the footsteps of a predecessor as dean of the medical school. The late Dr. W. Reece Berryhill, who was dean from 1941-64, was named a master of the ACP in 1977.

Many of the physicians who have been influenced by Dr. Floyd W. Denny's 20 years as chairman of pediatrics in the School of Medicine recently paid tribute to him.

The first annual Floyd W. Denny Lecture was given during the May 22-23 meeting of pediatric alumni and friends of the department. This group, formerly known as the UNC Pediatric Alumni Society, has been renamed the Floyd W. Denny Pediatric Society.

"Because Dr. Denny's leadership has had such a profound effect on pediatrics across the state and nation, we felt it was appropriate to rename this organization the Denny Pediatric Society and to raise funds to endow a continuing lectureship in his honor," said Dr. Gerald W. Fernald, professor of pediatrics and secretary/treasurer of the Denny Society.

The first Denny lecture was given by Dr. Charles H. Rammelkamp, professor of medicine emeritus, Case Western Reserve University School of Medicine.

Denny stepped aside as chairman in May and is continuing as Alumni Distinguished Professor of pediatrics to pursue his interests in teaching and research in the division of pediatric infectious diseases. Fernald is serving as acting chairman of the department.

Dr. Edward J. Shahady has been reappointed chairman of the family medicine department. The five-year appointment was effective Jan. 1.

Before joining the faculty in 1976, Shahady was director of the family practice resident program at Akron, Ohio, City Hospital and chairman of the department of family practice at Northeastern Ohio University's College of Medicine.

The Fairmont, W.Va. native received the Thomas W. Johnson Award for outstanding contributions to family practice education in 1979. Shahady is president of the Society of Teachers of Family Medicine. He is a charter fellow of the American Academy of Family Physicians and a charter diplomate of the American Board of Family Medicine.

A graduate of Wheeling College in West Virginia, he earned his M.D. degree from West Virginia University in 1964.

Dr. Roger L. Lundblad has been named associate director of the Dental Research Center.

Lundblad is professor of pathology and biochemistry, School of Medicine, and professor of oral biology in the department of periodontics, School of Dentistry. He was appointed to the staff of the center in 1968 and became acting associate director in 1978. He also is associate director of the Center for Thrombosis and Hemostasis.

His research concerns protein chemistry and blood coagulation.

Before coming to Chapel Hill, Lundblad was a research associate at Rockefeller University and the University of Washington at Seattle.

A California native, he earned his B.S. degree in chemistry from Pacific Lutheran University in 1961 and his Ph.D. from the University of Washington at Seattle in 1965.

Extracts

Dr. Roger E. Salisbury has resigned as director of the North Carolina Jaycee Burn Center, effective Sept. 1, to become professor and chairman of plastic surgery and director of the burn center at New York Medical College.

Since joining the medical school faculty in 1976, Salisbury has overseen the development of the burn center at North Carolina Memorial Hospital. The burn center officially opened Feb. 23.

Salisbury said the opportunity to help establish the first department of plastic surgery at New York Medical College represents "an exciting, creative challenge, but not necessarily a step up."

He explained that he believes "the burn center we've developed in Chapel Hill now has the finest facilities in the world, and the staff is the most well-trained and professional group of people I've ever worked with."

Former U.S. Representative Richardson Preyer is serving as William Neal Reynolds visiting professor of public affairs at UNC-CH.

His one-year appointment began March 1. He is teaching in the School of Medicine's department of social and administrative medicine, in the university department of political science and in the School of Law.

Preyer, who served six terms in the House of Representatives, chaired the Select Committee on Ethics and the Subcommittee on Government Information and Individual Rights. He was a member of the Select Committee on Assassinations and the subcommittees on Public Health and the Environment and on Government Activities and Transportation.

A Greensboro native, he is a former city, state and federal judge. He gave up his federal position on the U.S. District Court in 1964 to run for governor. For the next four years, he was an executive with N.C. National Bank in Greensboro.

Preyer earned his A.B. degree at Princeton University and his law degree at Harvard University. He is a past recipient of the medical school's Distinguished Service Award and holds honorary degrees from UNC at Chapel Hill, Elon College, Davidson College, UNC at Greensboro and Duke University.

More than 350 people attended the dedication of the hospital's new Perinatal Care Facilities June 6.

Gov. James B. Hunt Jr., the primary dedication speaker, said, "Your emphasis on family-centered maternity care is outstanding, and I commend you for it. It shows you recognize that the birth of a child is not just a medical event, it's a family experience."

Noting that the state has seen a 30 percent decline in its infant mortality rate since 1973, Hunt said, "That improvement is a direct result of the kind of work you do here.

"Your work has helped North Carolina turn the tables on a great tragedy -- the number of children born without a healthy start in life."

Other speakers included UNC President William C. Friday; UNC-CH Chancellor Christopher C. Fordham III (C. Med. '49); Dr. Robert Cefalo, acting chairman of obstetrics and gynecology; and Dr. Floyd W. Denny, former chairman of pediatrics.

The dedication ceremony for the Perinatal Care Facilities was followed by tours of the labor and delivery rooms, postpartum unit and nurseries for both healthy and sick babies. The new facilities, which will open later this summer, are located on the fourth floor of the new Patient Support Tower and the newly renovated fourth floor of the main hospital building. □

Gov. James B. Hunt Jr. (left) is shown the hospital's new Perinatal Care Facilities by Dr. Ernest N. Kraybill, associate professor of pediatrics and director of hospital nurseries. Also accompanying the governor on the tour is Dr. Robert Cefalo (center).

Class notes

40s

Morton E. Pizer, C.Med. '46, is practicing pediatrics at Rex Hospital and Wake County Medical Center in Raleigh.

Joseph S. Redding, C.Med. '46, is a professor of anesthesiology and head, division of respiratory/critical care, at the Medical University of South Carolina in Charleston. A former professor of anesthesiology at the University of Maryland, he is also a practicing medical historian.

William Gordon Sanford, C.Med. '46, spent 20 years in the Air Force Medical Service, retiring as a colonel in 1971. He has lived in Winston-Salem since then and enjoys walking, gardening, swimming and UNC sports.

Allen D. Tate Jr., C.Med. '46, practices family medicine in Alamance County at Memorial Hospital of Alamance.

Thomas E. Whitaker II, C.Med. '46, is a senior member of a group of 14 radiologists in Greenville, S.C. and practices in the Greenville Hospital System and St. Francis Community Hospital.

H. Frank Starr Jr., C.Med. '46, is active in the medical section of the American Life Insurance Council, the Association of Life Insurance Medical Directors and the Guilford County Medical Society. He also is active with Evergreens, Inc., MIB, Inc. and served as president of the 1980 North Carolina United Way.

David Garrison Stroup, C.Med. '46, is in practice in Atlanta in obstetrics and gynecology.

50s

William B. Wood, M.D. '56, has been named vice president-elect of the N.C. Society of Internal Medicine.

60s

F. Michael Fennegan, M.D. '61, is practicing neurosurgery in Harlingen, Texas.

John W. Garden, M.D. '61, is in private practice in ophthalmology and is also a clinical associate professor of ophthalmology at the University of Kentucky.

John C. Graham Jr., M.D. '61, is practicing diagnostic radiology in Elizabeth City, N.C. and trying to keep peace between his two children, students at N.C. State and UNC-CH.

Claud M. Grigg, M.D. '61, is practicing general internal medicine and cardiology in Charlotte.

P. Anthony Guiles, M.D. '61, is practicing pediatric anesthesiology at Children's Hospital in San Diego and is an associate clinical professor at UCSD. He reports that he is "assisting in the development of a children's hospital that will match in quality this fantastic city."

Class notes

L. Morgan Hale, M.D. '61, is in private practice in ophthalmology in Chapel Hill and serves as a clinical professor at UNC-CH. He is co-director of the N.C. Center of Ophthalmic Pathology at UNC-CH.

Richard W. Hudson, M.D. '61, practices family medicine in Pamlico Medical Clinic in Bayboro, N.C.

Richard D. Jordan, M.D. '61, is practicing radiology in Salisbury, N.C.

Richard M. Freeman, H.S.'63, has been elected president of the National Kidney Foundation. He is a professor of internal medicine and director of the renal clinic at the University of Iowa.

W. Paul Biggers, M.D.'63, was promoted to full professor in the UNC-CH School of Medicine effective July 1. An otolaryngologist, his clinical teaching and research interests include ear, nose and throat allergies and carbon dioxide-laser surgery. He recently received the Professor Award from the graduating class of the medical school as the faculty member who had contributed most to their medical education.

David A. Evans, M.D. '67, is the proud father of a son, Samuel Henry, born March 5. David reports that his wife, the former Nell Lois Boone of Gatesville, N.C., is "doing a wonderful job as stepmother for Alisa, Elizabeth and Walt."

Joseph W. Griffin Jr., M.D. '68, of Augusta, Ga., has been elected a fellow of the American College of Physicians. A specialist in gastroenterology, Griffin has lived in Augusta for nine years and is an associate professor of medicine at the Medical College of Georgia. He will be honored during the ACP annual session in Philadelphia, April 19-22, 1982.

70s

Venita Newby Thweatt, M.D. '73, has been promoted to the position of assistant commissioner for child health services at the Baltimore City Health Department. She will coordinate clinical and administrative child health programs, and will provide liaison with other programs concerned with the problems of children and youth. Thweatt joined the staff of the health department in 1980 as pediatric consultant and director of school health.

Nancy E. Chaney, M.D. '76, finished a fellowship in neonatal/perinatal medicine at the University of California, San Diego in June. She became the director of neonatology at Woman's Hospital, Baton Rouge, La. in July.

R. Stephen Joyner, M.D. '76, recently joined the medical staff at New Bern Women's Clinic.

Diane Davis, M.D. '79, is a general practitioner in John Day, Ore. and entered the internal medicine residency program at the University of Oregon Medical School in July.

Bill Stewart, M.D. '79, is enjoying his pediatric residency and proudly announces the birth of Rebecca Lee on Feb. 18.

Tracy Steeper, M.D. '79, has bought a 75-year-old house in Minneapolis which is keeping her and husband Don busy with home improvement projects. She reports that she is learning to make stained glass windows and is still enjoying pathology and the Twin Cities.

Buddy Thomason, M.D. '79, writes, "The shift from medicine to psychiatry was a welcome one for me. I haven't been this excited about studying, learning and seeing patients in quite awhile. Being on call every seventh night has given me a new perspective on life as a doctor."

Carla S. Alexander, M.D. '79, has moved back to her hometown of Charles Town, W.Va. and has subcontracted with a friend to provide emergency room services in the town. She reports that it is fun and has given her a chance to buy a house.

Noel H. Ballentine, M.D. '79, writes that "I'm still here in Hershey going into the second year of internal medicine—primary care. I've moved into a nice farmhouse in the country. I have no earthshaking news except this year I'm getting to spend more time out of the hospital. That's earthshaking enough."

Hugh Craft, M.D. '79, is the proud father of a baby girl, Anna Rebecca. He reports "she arrived one month ahead of schedule weighing in at 5 lbs, 13 oz. The day before, we canoed down the Haw and certain grandmothers are sure that journey jarred the baby loose."

Glenn S. Harman, M.D. '79, is at Morgantown, W. Va. at the WVU campus. He lives out on the river out of town. His big excursion last year was to Lake Placid for the Winter Olympics. He camped there for eight nights in a pup tent and saw many of the events. He also presented a paper at the regional ACP meeting in Pittsburgh.

Joseph Horacek, M.D. '79, is finishing up his second year in psychiatry and holding the fort in Chapel Hill. He and wife Lauren have bought a house in town near Crook's Corner off Merritt Mill Road and welcome visitors. Joseph is taking piano lessons and moonlighting at the Central Prison ER. Lauren is teaching junior high English at Lowes Grove.

Judy S. Jordan, M.D. '79, is a dermatology resident at the University of Arkansas, Little Rock. She writes, "Finally, after four years of medical school and one year of medicine internship, I know what you fleas mean when you talk about 'a very interesting case.' "

Roger K. Kerley, M.D. '79, is the proud father of a son, John Alexander, born Oct. 16. His daughter Emily is two years old now and very protective of her little brother. He and Carol are beginning to make plans to return to western N.C. to practice in 1982.

David W. Kohl, M.D. '79, reports that he and Gin expect to be parents around Christmas.

Darlyne Menscer, M.D. '79, is enjoying her residency in family practice and acquiring some furniture to replace her "early attic." She writes that she is still thinking about practicing in the N.C. mountains and would like to hear from anyone considering doing the same.

Larry Pearson, M.D. '79, is in his second year of internal medicine at Bowman Gray - N.C. Baptist in Winston-Salem. He has been accepted to a dermatology residency program at Medical College of Georgia which he will start next July. He and Judy have a one-year-old daughter, Joanna.

Bill Putnam, M.D. '79, is enjoying his surgical residency at Johns Hopkins and plans to do a research fellowship at the NIH next year.

80s

Steven Louis Greene, M.D. '80, began residency training in dermatology at the Mayo Clinic in July after completing an internal medicine internship at Geisinger Medical Center in Danville, Pa.

We want to hear from you

Let your classmates know where you are and what you are doing. Send your latest news to the Medical Alumni Office, 231 MacNider Bldg. 202H, UNC-CH School of Medicine, Chapel Hill, N.C. 27514. If you know of an alumna or alumnus (M.D., basic science grad, former house staff or certificate of medicine recipient) who is not receiving medical alumni publications, please let us know.

Here are some pearls that are more than gems

How can you tell the difference among a family doc, an internist and a surgeon?

What are the major contributions of medical students to the educational process?

When is a picture not worth a thousand words?

The answers to these questions were among the many pearls of wisdom offered by selected faculty members to the class of 1981.

In rapid-fire succession, 17 faculty members took the podium to deliver this year's Pearls Lectures, each a three-minute nugget with which the speaker wanted to endow the soon-to-be-physicians.

The Pearls Lectures were given Friday, March 29. The lecturers each year are chosen by the senior medical class.

As has become tradition, several of the succinct talks were entertaining as well as enlightening. And most actually contained more than one pearl.

Drs. Floyd A. Fried and John C. Parker presented their lectures in verse. Dr. James A. Donahue's pearl was an acronym: **P**lease put down the results; **E**xamine the end of the clavicle; **A**naerobes smell awful; **R**eview the radiograph; **L**isten to the patient's spouse.

Dr. Lamar E. Ekbladh mixed words of advice specific to ob-gyn -- e.g., "Think ectopic" and "The most common cause of amenorrhea is pregnancy" -- with more generally applicable aphorisms, such as "If it ain't broken, don't fix it" and, as Will Rogers said, "Everybody's ignorant, only on different subjects."

Dr. Ed Shahady illustrates how to tell the difference among types of specialists.

The importance of the decubitus position was discussed by radiology chairman Dr. James H. Scatliff, who noted that the position predated the discovery of X-rays by a significant amount of time.

Scatliff showed a slide of Michalangelo's famous Sistine Chapel painting of the creation, in which God and Adam, both reclining, are almost touching index fingers. "God created Adam in and from the decubitus position," Scatliff pointed out.

The discovery of a new disease was announced by Dr. W. Paul Biggers. It is the ENT version of tennis elbow, known as tennis mouth. As he showed a slide of a chimpanzee with a tennis ball lodged in its mouth, Biggers explained that "while tennis elbow is caused by improperly swinging your racket, tennis mouth is caused by improperly criticizing your partner."

Biggers also posed and answered the question, "When is a picture not worth a thousand words?" The answer, he said, is when one is treating a patient with sinusitis. In this case, the patient's own description of symptoms is worth more than an X-ray.

Few of the speakers ran past the three-minute time limit, and the significance of this was put into perspective by Dr. Janet J. Fischer. One of the important contributions of students to medical education, she said in her Pearl Lecture, is "a demonstrated ability to confine faculty talks to three minutes."

It took Dr. Edward J. Shahady, chairman of family medicine, much less time than that to offer a foolproof method of determining whether a physican belongs to his or one of two other distinguished specialties. Take them duck hunting, he suggested.

"A bird flies over, and the family doc says it looks like a duck, it sounds like a duck, so he shoots...and misses.

"The internist looks up as another bird flies over. He says it looks like a duck and sounds like a duck. Rule out turkey, rule out dove, rule out buzzard. By that time the bird is gone.

"Another bird flies by. The surgeon looks up, aims and shoots. He saunters over and peers at the fallen bird and says, 'Yep, it was a duck.' " □

Calendar

Medical Alumni Activities

September		
19	Fall Co-Founders Club Meeting	Chapel Hill
23	District Meeting	TBA
25	Fall Visiting Committee Meeting	133 MacNider
26	Fall Council Meeting	Carolina Inn
29	District Meeting	Asheville
October		
14	District Meeting	TBA
21	District Meeting	TBA
November		
16	So. Medical Association Alumni Social	The Marriott, New Orleans

Continuing Education

September		
19	Medicolegal Seminar	Forsyth Mem. Hosp., Winston-Salem
25-27	Practical Dermatology for the Non-Dermatologist	The Hilton, Wilmington
October		
2-3	Calcitonin Seminar	Velvet Cloak, Raleigh
3-4	Obstetrics-Gynecology Update	Wrightsville Beach
17-18	Clinical Hypnosis Workshop	Quail Roost
30-31	Malignant Disease Symposium	Chapel Hill
November		
1-8	Fourth Medical Refresher Cruise Seminar	Caribbean
December		
4-6	Drug Management of Childhood Behavior Disorders	Hotel Europa, Chapel Hill
January		
20-22	Alcoholism: The Search for the Sources	Hyatt House, Winston-Salem
February		
12-13	Carolina Ocutome Workshop	Berryhill Hall
12-13	Modern Management of Infertility	Hotel Europa, Chapel Hill
March		
8-12	Internal Medicine 1982	Berryhill Hall
19-20	Ophthalmic Pathology	Berryhill Hall

For more information about C.M.E. courses, contact the Office of Continuing Medical Education, 231 MacNider 202H, Chapel Hill, N.C. 27514; (919) 962-2118.

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A new concept in annual giving **15**

Behind the lines

Those oversized blue post cards you receive occasionally, on which we invite you to send your latest personal news, provide most of the material for our highly read class notes column, as well as ideas for feature articles.

Sometimes the class notes cards are a source of humor.

Most recently the joke was on the Bulletin staff. The latest batch of cards came off the press and went into the mail with no less important a word than "Bulletin" mispelled—in large type. We proofed the cards twice, but missed it.

Don W. Printz, M.D. '66, of Atlanta was the first (and at this writing, the only) person to call this error to our attention. So, by this announcement, we are making Printz an honorary Bulletin editor. The honor carries no remuneration nor any further acknowledgement, but we know fellow alumni will think of Printz when they receive their next class notes card and see the error. (We still have about 5,000 to unload; we'll correct the next printing.) Congratulations, Don.

Cowbirds are raised in foster homes, totally isolated from their own species, yet they have no trouble communicating with other cowbirds when the need arises.

A UNC-CH psychologist, Dr. Meredith West and her husband, Dr. Andrew King who's on the faculty at a nearby private university, are studying cowbirds, a UNC-CH News Bureau press release reports.

"The scientists are most interested in the interplay between learning, communication and development, West said. What they find out about the birds and the research methods they evolve in the process may one day be applicable to humans in a variety of ways including earlier diagnosis of developmental and hearing disorders among infants," according to the release.

Cowbird mothers farm out their offspring by laying eggs in other birds' nests, after tossing out an egg of the unsuspecting host to make room for the cowbird replacement.

West's and King's decade-long study of communication between cowbirds has resulted in a number of interesting discoveries, one of the most useful being the reflex action of a female cowbird to a male's mating song.

The scientists report that immediately upon hearing the call, the female cowbird assumes a copulatory position. Apparently, absence does make the heart grow fonder.

Access to health care—everyone talks about it, and this School of Medicine is among those who do something about it.

Our AHEC program is a national leader in developing innovative programs of health care, education and service. Director Gene Mayer recently completed a visit to 33 AHEC sites and you can read what he has to report in this issue of the Bulletin.

Sometimes physicians trained in AHECs remain in those areas to practice. We've included a story about one who did—UNC-CH a medical grad married to a nurse. Her husband chose to go into nursing after she had entered medical school, as you will read beginning on the next page.

—JWB

Susan Snider ('78) has chosen to

be a modern country doctor

By Nancy Brower

"I wanted to be a doctor who would take care of everybody in the family. That is the philosophy that makes sense to me. After I deliver a baby, I like to take care of it and watch it grow. This is my favorite part of medicine. I like to care for the parents and grandparents, too."

Dr. Susan Snider, '78, is one of a new breed of country doctors. She is trained in family medicine and has chosen to practice in a rural area. She and her husband, Lyle, a registered nurse, have begun practice at Celo Health Center in that remote and scattered community on the north side of Mount Mitchell.

They have bought land on Crabtree Creek and moved a mobile home onto it to serve as home to them and their two sons, Nathan, 10, and Jeremy, 4. "We just got running water after three weeks and it's wonderful," Susan said. "And now that we've got the phone installed, I'll be sharing night calls with Dr. Judith McGahey."

The country life, which they hope to fill with gardens, pastures, ponds and animals, is a dream postponed seven years when Susan entered medical school. Susan, a native of suburban Pasadena, Calif., said, "I've wanted to live in a rural area as long as I can remember."

Lyle grew up in a small town in New Hampshire and has fond memories of country life. "We have dreams of chickens, a goat, horses, maybe a cow, maybe a trout farm." They already have a dog and seven kittens, courtesy of a mother cat who was passing by.

Susan and Lyle Snider pose for an informal family portrait with sons Nathan, 10, and Jeremy, 4. The sylvan setting is outside their Crabtree Creek home in Yancey County.

Country medicine is its own reward. The Sniders are content with that bargain. "If you decide to practice here," Susan said, "you decide you are not going to make big money and that you are going to enjoy the mountains. We are on salary here at the Health Center. Our philosophy is that we need to earn enough to live on, but doctors don't need to be rich."

Susan and Lyle met when they were students at Swarthmore College in Pennsylvania. He was majoring in chemistry, she in biology. They were married during their junior year.

Both are Quakers and, after graduating from Swarthmore, taught at a Quaker boarding school in Poughkeepsie, N.Y. Susan, struggling with a decision about entering medical school, decided to do so when her first son was a year old. She enrolled at the University of North Carolina at Chapel Hill and Lyle began teaching at the Carolina Friends School between Durham and Chapel Hill.

Lyle said the decision that Susan would enter medical school was one they arrived at jointly, but that neither of them realized the sacrifices ahead. "I know I didn't quite realize what I was getting into," he said. "It was more stressful and demanding than either of us had anticipated. I had no conception of how tired she would be or what it would mean to have her gone as much as she was."

Between Susan's third and fourth year of medical school when the workload was greatest, Jeremy was born.

When Susan began medical school, Lyle made a career decision as well. "I decided that if Sue was going to be a doctor, nursing was a compatible profession for me. I didn't want to put as much time in preparation as medical school required. I parlayed my background in chemistry into taking the place of the first two years of nursing school."

Susan received her M.D. degree with honors in 1978 from the UNC-CH School of Medicine. She completed her residency in family practice this past summer at Mountain Area Health Education Center in Asheville. During her MAHEC residency, she was one of the 18 resident physicians throughout the nation to receive the Mead Johnson Award given by the American Academy of Family Physicians. This summer, she was one of 12 recipients of Parke-Davis Teacher Development Awards, also given by the AAFP. (One of the others was classmate Dr. James Evans Nicholson III.)

Lyle graduated from the UNC School of Nursing in 1976 and is a member of the Sigma Theta Tau Nursing Honor Society. He has just graduated from the family nurse practitioner program at MAHEC, after doing his internship at Celo.

He began his nursing career at a neighborhood health center in Durham, "helping provide health care to people who might not get it otherwise. I found I was still teaching in a lot of ways." Teaching will play an even greater part in his nursing now that he has become a nurse practitioner. He said that field requires "more diagnostic skills, more emphasis on teaching and counseling patients."

Now that one dream is realized, the Sniders have another. "We've always kind of hoped to work overseas for the American Friends Service Committee," Lyle said.

But for now, Crabtree Creek is the only water they want to cross as they settle in to become a part of Celo community. Susan already has an obstetrical patient and Lyle has experienced a taste of rural medicine ranging from allergic reaction to a bee sting to helping treat injuries received in a tractor accident. □

Nancy Brower is associate editor of The Asheville Times, from which this article is reprinted.

Dean's Page

Since its founding, the University of North Carolina at Chapel Hill has been generously supported by the people of North Carolina through personal gifts. The School of Medicine has been a part of the this tradition. This issue of the *Bulletin* pays tribute to the many alumni and friends who directly support the School of Medicine. This provides me with an opportunity to express again the appreciation of our school for these benefactors, whose gifts have been so important in building and sustaining our school. I cannot begin to name here all of those individuals, families, foundations and companies who have given so generously of their time and money, but some examples of their contributions make a truly impressive list. Included in the last two years are: The Lineberger Cancer Research Center Building, supported by hundreds of donations; the Co-Founders Club; the endowed distinguished professorships, the five newest of which we celebrated at the spring meeting of the Co-Founders Club; and the many gifts which have supported scholarships, individual laboratories and programs. Certainly the generous and important philanthropic support of our alumni and friends has been a key source of strength of the school. For generations to come, our students and residents and, most notably, their patients will be the beneficiaries.

In the years ahead, gifts from alumni will be ever more important as we work to sustain and extend the great traditions of our school. In many ways, unrestricted gifts will be the most important because they can be used like the mortar in a brick building to hold the individual parts in a coherent whole. But gifts are also needed to help us to move in new directions in medical education and research, to underwrite our quest for excellence, for the very best in education for humane clinical practice. We are entering an era when, as in the 1930s, student financial aid will be limited but now costs will be high. There will be great need for gifts for scholarships and student loan funds.

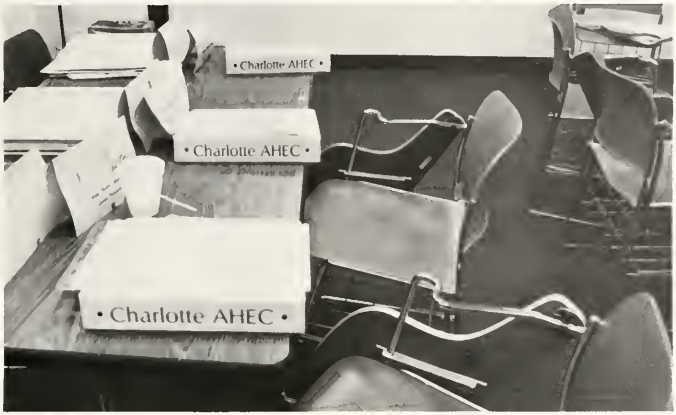
There also is continued need for faculty support of the kind provided by the endowed professorships and for buildings, laboratories and equipment.

From time to time, we will be asking for help with specific projects, and I urge anyone who would like to discuss a gift of any kind to contact Emory Hunt, director of development, UNC-CH School of Medicine, 239 MacNider Building, Chapel Hill, N.C. 27514 (919-966-1201) or me.

In the meantime, let me say again to all who have contributed so generously thanks from us all and all whom we represent.

Stuart Bondurant

AHECs get high rating from those they serve



Dr. Mayer

Dr. Eugene S. Mayer recently completed giving the Area Health Education Center (AHEC) program a complete checkup, and the innovative program was found to be healthy and thriving.

Between February and July of this year, AHEC Director Mayer and various members of his staff traveled to all nine AHEC regions. They visited 33 towns from Boone to Southport, as large as Charlotte (population, 241, 178) and as small as Bolivia in Brunswick County (185).

The site visits to each AHEC included one day in the regional offices and a second day meeting with health professionals and officials in at least two small towns in the area.

"We asked the faculty at each center to take us to one town in which they thought they were doing well and one in which they thought they could do better," Mayer explained. "We asked two simple questions: 'What has the presence of AHEC meant to you?' and 'What might we do in the future to be of help to you?' "

Even in the towns where the faculty thought improvements were needed, all those interviewed "made very impressive statements about how important their AHEC has become," Mayer said.

They find that AHEC provides them a "professional support system, which is nearby, accessible and responsive to what they perceive to be the local needs," Mayer said.

"We describe AHEC as reaching out from the state's medical schools to the nine centers and from the centers to the local areas. The reports of people in the small towns show that it really works this way."

Before AHEC was established, Mayer said, many of these health professionals were really isolated from their peers. Now there's a system by which they can call a colleague to discuss a problem.

"They do perceive that the faculty members in the regional center are there to help them."

Through AHEC, health professionals also have access to regular continuing education and to a statewide network of libraries and learning resource centers.

During 1979-80, continuing education programs took place in 81 of the state's 100 counties. There were 33,433 participations in programs in medicine, 93,243 in all health fields.

Continuing medical education courses are arranged in association with the Offices of Continuing Medical Education at the four schools of medicine through which participants may receive credit.

"So not only do they get CME courses locally, but also they're able to obtain appropriate credit," Mayer said. He also indicated that thanks are due to Dr. William Wood and the other medical school directors of continuing education for their support in developing the system.

The library network is an important parallel accomplishment of AHEC, Mayer said. And he reported that seeing it firsthand was one of the most impressive aspects of the AHEC site visits.

Each AHEC center has a resource center staffed by health science librarians and audiovisual specialists. Each AHEC library has a wide collection of materials and can provide literature searches, reference and bibliographic services. Materials not in AHEC librar-

ies can be obtained through links with other AHEC libraries, the health science center libraries at one of the state's four medical schools or ultimately the resources of the National Library of Medicine.

"What was absolutely impressive to me was the next step—extending this to the small towns," Mayer said.

Each AHEC librarian has worked with specific individuals in hospitals in each county of the region to develop small, local health science libraries. Through these designated individuals, almost any physician in the state has a direct link with the entire AHEC learning resource center network.

"I'm told by people with library expertise that this is a unique system," Mayer said.

AHEC also serves students in medicine and other health fields by providing educational opportunities throughout the state. During 1971-72, four percent of the clinical training of the third- and fourth-year students at UNC-CH took place in the AHECs. That has increased to some 30 percent, and during 1979-80 the number of medical students in AHECs at any given time averaged close to 100.

During his recent AHEC tour, Mayer found that "in general, physicians are pleased with continuing to have student rotations. Always having students around asking questions keeps you on your toes. It makes it fun to be a teacher here, and it makes it fun to be a teacher in a small town."

While making more student rotations available, AHEC also has developed 300 new primary care residency positions across the state. This expansion of undergraduate and graduate medical education parallels a significant improvement in the availability of medical care to all the citizens of North Carolina.

In 1974, the active physician/population ratio was 1:996. In 1980, it was 1:797, and the ratio had improved in 80 counties, 62 of which are "non-metropolitan" counties.

Mayer is quick to point out, however, that even though there are improvements, "there are still towns out there that want and need more physicians." In addition there is increasing evidence that suggests the issues relating to nursing may comprise a major health manpower concern facing North Carolina in the future.

AHEC is concentrating on helping to alleviate the nurse shortage, Mayer said. AHEC is involved in developing transitional programs for nurses to provide added clinical skills and additional understanding of the work setting. The program is also seeking to provide more opportunities for the practicing nurse to gain further academic credit while continuing to work.

A question that must now be addressed in medicine, Mayer says, is "what is AHEC's role in balancing the supply of residents and practicing physicians with the improving situation?"

"By 1990, medicine will be in pretty good shape in terms of availability of care," Mayer said. "Yet so long as we have people taking care of people, there will always be the need for practitioners to have the network of professional support that AHEC provides."

The tour of AHEC sites provided Mayer not only with a thorough evaluation of the program, but also with some feedback about the School of Medicine. He found that relationships between the school and physicians across the state are stronger than ever.

While the presence of AHEC faculty has helped enhance these relationships, he said, this also reflects the work of each individual department to increase communication with referring physicians.

The 33-stop visit was planned for several reasons, Mayer said.

"This is one mechanism by which we hold our system accountable. It's a means of seeing firsthand what the faculty and staff in the AHECs are doing, especially what they are doing for physicians and other health professionals away from the AHEC center."

It's also quite important for the staff of Mayer's office to have regular, somewhat formal contact with AHEC faculty and staff across the state to keep the latter from feeling isolated, he said.

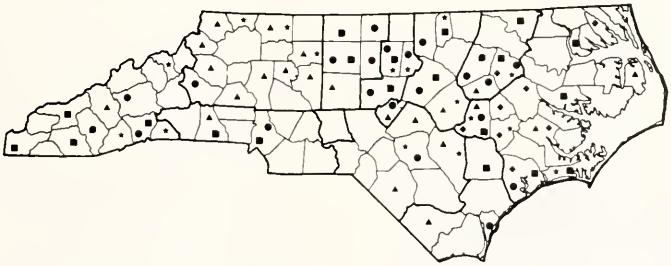
"And it was rejuvenating for me personally to visit people doing the hard work. It makes the purpose of the School of Medicine more apparent. Seeing the enthusiasm with which they approach the job, sometimes against great odds, makes you want to work harder back home." □

AHEC pro

- A network of nine AHECs is now functioning in partnership with the four university medical centers in the state.
- Community-based educational experiences for medical, dental, public health, pharmacy, allied health, and nursing students have been expanded and developed by all four university health science centers.
- More than 300 new primary care residency positions have been developed throughout the state, with nearly 180 in family practice.
- Community-based continuing education is accessible to health practitioners and support personnel throughout the state.
- A network of libraries and learning resource centers now connects almost all community hospitals to an AHEC and, in turn, to a university health science library.
- New or renovated educational facilities have been completed in 33 sites across the state.
- Cooperative assistance has been provided to other statewide initiatives concerned with the education, training, and retention of health professionals and support personnel.

gram accomplishments: 1972-80

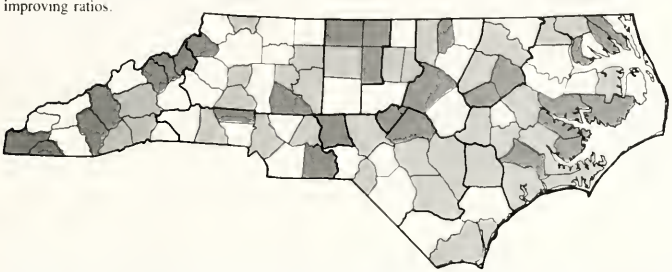
Location of regular assignments of medical students from UNC-CH, Duke, Bowman Gray and ECU



- ■ UNC-CH: Family Practice Selective
- ● UNC-CH Clinical Clerkships or Acting Internships
- ▲ Bowman Gray: Community Medicine
- ★ Duke: Community Medicine
- ◆ ECU: Community Medicine

Change in population/physician ratio by AHEC region (1966-1972)

During the period 1966-1972, 37 North Carolina counties experienced worsening population/physician ratios, 28 remained approximately the same, and only 35 counties showed improving ratios.

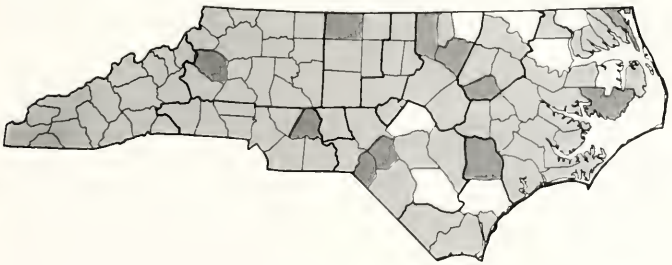


- Ratio improved 1966-72 (35)
- Ratio unchanged 1966-1972 (28)
- Ratio worsened 1966-72 (37)

Total active non-federal physicians
Source: American Medical Association

Change in population/physician ratio by AHEC region (1972-1978)

During the period 1972-1978, the physician manpower situation in North Carolina showed significant improvement with 80 of the state's counties experiencing improved population/physician ratios, 11 remaining esentially unchanged, and only 9 having worsening ratios. Sixty-two of the counties with improved ratios during this period are *non-metropolitan.*



- Ratio improved 1972-78 (80)
- Ratio unchanged 1972-1978 (11)
- Ratio worsened 1972-78 (9)

Total active non-federal physicians
Source: American Medical Association

UNC-CH program helps developi strengthen their health care sys

This nursing school demonstration in Sudan is one of numerous activities sponsored by INTRAH to help enhance the skills of health professionals in developing nations.

In Tunisia, regional health administrators, mobile service teams and social workers are receiving additional professional health training.

In Kenya, prominent village women are being trained as community health motivators.

In Egypt, a university nursing faculty is undertaking a new program to train hundreds of technical nurses for service in rural health centers.

These programs are a sample of the many projects of the Program for International Training in Health (INTRAH), a large central network of resources in international health training development.

A program of the University of North Carolina at Chapel Hill School of Medicine, INTRAH is supported by a five-year $12.8 million contract with the U.S. Agency for International Development. Dr. James Lea, associate professor of family medicine, serves as director of the program.

INTRAH helps developing countries in Africa and the Middle East to increase the number of trained health providers in these countries and to strengthen the training these health care workers receive.

"INTRAH's aim is to enrich the skills of health professionals in providing services in maternal, child and family health," Lea said. "We do this by identifying and coordinating appropriate resources and personnel to meet specific training needs."

INTRAH currently has more than 35 projects underway in 20 different coun-

ng nations expand and tems

tries including Morocco, Tunisia, Egypt, Sudan, Somalia, Swaziland, Mali and Kenya.

In Kenya, INTRAH is working on a 28-month project with the Kenyan Ministry of Health to provide in-service training for 350 public health nurses.

"This project is designed to update and enhance the nurses' capabilities as supervisors and make them in-service trainers themselves," Lee explained. "We are providing technical and financial support through a planned curriculum, program schedule, consultants and seed money.

"Our approach is not to send teachers aboard to stand up in front of a classroom," Lea said. "INTRAH's goal is to facilitate and support national and individual self-sufficiency in family health training. Participatory workshops in the right language with the right cultural overtones are a much more effective way to achieve this goal.

"If we utilize our resources wisely, and our colleagues in Africa and the Middle East respond creatively, the effects can be far-reaching," he continued. "As health personnel develop and increase their capabilities and skills, and communicate INTRAH training experiences to colleagues and students, the result can have a substantial beneficial impact on the primary health care services in developing countries."

Lea said INTRAH hopes to be working in 35 to 40 countries during the next three years and will open its first regional office in Nairobi this month. A second regional office is planned for West or Northwest Africa.

Future plans include the development of a training journal for non-physician health professionals and the establishment of international training sites in Africa and the Middle East.

INTRAH programs vary in duration and scope, but their development is more time-consuming and complex than most people realize, Lea said. "Building relationships involves international professional and personal credibility and trust plus dealing with colleagues who are half a world away."

INTRAH has a staff of 25 people in Chapel Hill who plan, develop and administer program activities. This staff, composed of trainers, educational specialists and administrators, has language capabilities in English, French and Arabic.

Three advisory groups assist INTRAH in program development, resource identification and planning. The Program Advisory Committee consists of representatives from schools and departments within the UNC-CH Division of Health Affairs. A Regional Advisory Group, which had its first meeting in June in Nairobi, Kenya, is made up of professionals from Africa and the Middle East who provide their perspective on program operations.

Eleven professionals of national and international stature in health, government and education make up the Visiting Advisory Board which had its first meeting in Chapel Hill in May.

"The Visiting Advisory Board provides informed, extra-university perspectives on INTRAH's project implementation as well as guidance in situations involving our relationships with the U.S. government, host countries and other development agencies," Lea said.

"The University of North Carolina at Chapel Hill has a long history of involvement in international affairs," Lea said, "and many of our schools, departments and centers are internationally respected."

Lea explained that the University competed with other major organizations in the United States for the INTRAH contract. Among the factors considered in awarding the contract to UNC-CH were the previous existence of the African Health Training Institutions Project and the University's successful use of Area Health Education Centers, he said.

"INTRAH provides various departments and schools throughout the University with the opportunity to express their interest and concern about international relations," he continued. "Our projects are carefully selected and planned so that INTRAH can contribute meaningfully to health manpower development in a way that will reflect favorably on UNC-CH and its role in the international community."□

Neonatal network aids infant referrals

With just one phone call, a doctor anywhere in North Carolina now can find out which of the state's newborn intensive care nurseries has room for the sick baby that needs to be referred.

A new computer-based communication network keeps personnel at all 10 centers for sick and premature infants up-to-date on the availability of beds and special equipment at each of the other centers. So, if the first nursery a doctor calls is unable to take another baby, he or she can be referred immediately to the next closest nursery that has an empty bed.

A computer housed in the School of Medicine controls the Neonatal Telecommunications Network. It is linked by telephone to computer terminals in each of the intensive care nurseries, so that information can be passed instantly from one nursery to another. The network has been in operation since early March.

Personnel in each nursery routinely feed into the network current information that referring doctors need to know, including: the availability of beds for both sick newborns and women with high-risk pregnancies who may have sick babies, access to special medical equipment, whether transportation can be provided, and the name and phone number of the person to call about referring patients.

The network was developed by three UNC-CH medical scientists: biomedical engineers James Bostick and Dr. Henry Hsiao and pediatrician Dr. Edward Lawson. Lawson, who is director of the emergency infant transport program at North Carolina Memorial Hospital, said the obvious advantage of the network is the time it can save.

"The major problem we had before was that doctors sometimes found that the nursery they usually called was full,

so they had to call around to several places before they found one that could accept the baby."

In some cases, Lawson said, the delay could be as long as several hours—a delay that could greatly reduce a critically ill baby's chance of survival.

In several other states, doctors call a central location to find out where to send a sick baby. Lawson said the system being used in North Carolina is better, because it doesn't require doctors to change their referral habits.

"Instead of calling a central number, doctors can still call the nursery they always have. If that nursery can take the baby, fine. But if not, they can tell the doctor whom to call at another place that does have room."

The computer network automatically updates information from all the nurseries every two hours. Lawson said it is more efficient and less expensive than systems used in other states, which require personnel to update the information manually and to handle phone calls around-the-clock.

The cost of equipment for the North Carolina network was $20,000, and Lawson said the annual operating cost is expected to be less than $25,000. Funds for the network are being provided by the division of health services of the state Department of Human Resources.

"The various nurseries are updating their information fairly actively, and we take that as an indication that the system is being used."

Lawson noted that the network could be expanded easily to include other hospitals and modified to handle information about other types of special care facilities, such as burn units or trauma units.

He said that since the computer can also store the information it collects, "we can go back and look at patterns of use to see if units in certain parts of the state are being over-utilized or under-utilized."

Such information could be useful to state health planners in determining the need for additional health care facilities and equipment in various parts of the state in the future.

The 10 intensive care nurseries that currently make up the communication network are located at the following hospitals; Memorial Mission Hospital, Asheville; Charlotte Memorial Hospital, Charlotte; N.C. Baptist Hospital, Winston-Salem,; Moses H. Cone Memorial Hospital, Greensboro; N.C. Memorial Hospital, Chapel Hill; Duke University Hospital, Durham; Wake County Medical Center, Raleigh; Southeastern General Hospital, Lumberton; Pitt County Memorial Hospital, Greenville; and New Hanover Memorial Hospital, Wilmington. □

Extracts

A special school for people who suffer disabling back pain has been set up in the School of Medicine.

The back school program helps people with chronic back ailments understand the cause of their pain and cope with its physical, psychological and social effects. The school's development has been supported by a $25,130 grant from the Kate B. Reynolds Health Care Trust.

Back problems always have been among the most difficult ailments to understand and treat, according to Dr. Stephen Grubb, assistant professor of orthopaedic surgery and director of the back school program.

"When someone has something wrong with his back, it's often hard for either doctor or patient to really nail down what the problem is," Grubb said. "This school is oriented toward trying to eliminate some of the mystery, while providing complete diagnostic, treatment and rehabilitation services."

Candidates for the back school are patients who have been referred to the adult spine clinic at North Carolina Memorial Hospital. Grubb said most patients have organic back problems, such as degeneration of spinal discs or spine deformities; most have experienced severe pain for more than a year; and all have been through other treatment programs, without satisfactory results.

The back school consists of two days of instruction and therapeutic activities. A new session for a different group of patients is held each month. Enrollment is limited to about 10 patients per session so each can receive individual attention.

The School of Medicine has been awarded a Wellcome Visiting Professorship in the Basic Medical Sciences for 1981-82.

The award, which will fund a visit to Chapel Hill by Dr. Walter J. Humphries, was announced recently by the Burroughs Wellcome Fund and the Federation of American Societies for Experimental Biology (FASEB). Humphries is a pathologist on the faculty of the University of Georgia.

The Wellcome Visiting Professorships are designed to stimulate interest in the basic sciences and to recognize eminent scientists in physiology, biological chemistry, pharmacology, pathology, nutrition and immunology. Eighteen professorships were awarded this year to institutions throughout the United States and abroad.

Occupational therapist Ann Smith shows participants in a recent back school class how even a simple, everyday task like opening a jar of coffee can put harmful stress on shoulder and back muscles.

Extracts

For the first time in the 13-year history of the Nathan A. Womack Award, there was a tie.

The award is presented each year to a resident in the department of surgery.

This year the award was shared by Dr. James W. Battaglini, chief resident in general surgery, and Dr. Ritchie P. Gillespie, chief resident in neurological surgery. The winners were announced June 6 at the annual surgical residents' party.

The award was first given in 1969, established by friends, associates and students of the late Dr. Nathan A. Womack, former Kenan professor and chairman of surgery.

It is presented for general excellence in teaching, investigation and patient care to surgical residents in recognition of overall contributions to the residency program and the department of surgery.

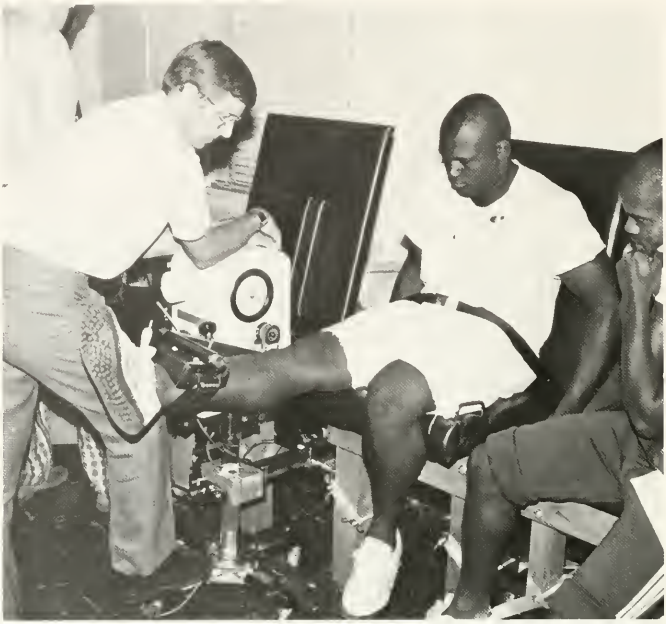
The School of Medicine has received $8,512.63 from the American Medical Association Education and Research Foundation.

The gift was presented during the annual meeting of the North Carolina Medical Society in May in Pinehurst. The AMA Education and Research Foundation, which is supported by individual physicians, AMA Auxiliary members and others throughout the country, makes donations each year to the state's medical schools through the N.C. Medical Society.

Thirteen family medicine faculty members from medical schools throughout the Southeast participated in a faculty development training program conducted by the department of family medicine and office of medical studies.

The program is designed to improve the instructional skills of teachers of family medicine. It involves five week-long workshops in Chapel Hill and a year of independent study and research. Participants present the results of their research at a symposium each summer.

This year's symposium featured presentation of papers by 11 of last year's fellows.



Dr. Barney Leveau tests the leg strength of a member of this year's Chapel Hill High School football team. All players were checked recently by Leveau and other members of the physical therapy faculty for muscle strength, endurance, flexibility and body fat. The tests are designed to identify players who are more likely to suffer certain types of injuries.

Last summer, physicians in the department of family medicine began working with the Chapel Hill High School football team in an effort to improve player conditioning and prevent injuries. Although there were no statistics from previous years on which to base a comparison, school officials reported that the team was in better shape than most and that they suffered fewer serious injuries.

This year the program has been expanded and refined. It is being coordinated by health professionals in family medicine and the division of physical therapy in the department of medical allied health professions. In addition to trying to keep the football team healthy, they are starting a five-year study of the value of various methods of testing the physical fitness of high school athletes.

"Our objective here is twofold," said Dr. Edward Shahady, chairman of family medicine. "We want to prevent serious injuries among these young athletes, and we want to see what kinds of evaluations are helpful in predicting and preventing injuries."

Early this summer, all the high school players were tested for endurance, muscle strength, flexibility and body fat. The tests were selected and administered by staff members in physical therapy who have an interest in biomechanics and sports medicine. They include Dr. Barney Leveau, John Yack, Chuck Schuch and Phil Witt.

Barry Howes, associate professor of physical therapy, said the effort to help local high school athletes is one way the University is trying to meet its community service responsibility. □

Class notes

Manning-Berryhill Club

F. M. Houser, C. Med. '26, has been doing quite a bit of traveling since his retirement in 1976. He has visited Alaska, Hawaii, West Germany, Austria, England, Italy and Bavaria but reports he is "getting ready to see some football and basketball."

William S. Wall, C. Med. '31, writes that he is "sorry we didn't have a 50th medical reunion for the Class of '31."

Cameron F. McRae, C. Med. '33, is doing volunteer work with the American Heart Association and the Red Cross. He has moved to Richmond after retiring from public health work in Binghamton, N.Y.

50s

Ira D. Godwin, M.D. '55, is immediate past president of the Fairfax County Medical Society in Virginia.

G. Reginald Tucker Jr., M.D. '55, has a son in graduate school at the University of Miami and a daughter, Lib, who is a junior at UNC-CH.

William McLendon, M.D. '56, was installed as president of the national Academy of Clinical Laboratory Physicians and Scientists at the organization's annual meeting in the Research Triangle Park. McLendon, a professor of pathology in the UNC-CH School of Medicine, is chairman of hospital laboratories at North Carolina Memorial Hospital. He will serve a one-year term as president of the 600-member ACLPS.

Robert S. Cline, M.D. '57, spent two months in Greece this summer as part of a Greek history course. He has been elected to a three-year term as trustee for Central Carolina Hospital.

60s

K. Frank McCain, M.D. '60, has a solo practice in adult and pediatric allergy and recently was elected a fellow in the American College and Academy of Allergy.

L. Morgan Hale, M.D. '61, is a clinical professor of ophthalmology at UNC-CH and co-director of the N.C. Ophthalmic Pathology Center in Chapel Hill.

R. J. "Jack" Blackley, HS '62, has been appointed director of the N.C. Division of Mental Health, Mental Retardation and Substance Abuse by **Dr. Sarah T. Morrow, C.Med. '43,** state secretary of human resources.

Richard W. Shermer, M.D. '63, was promoted to associate professor in the UNC-CH School of Medicine department of pathology effective July 1.

Ira M. Hardy II, M.D. '63, was installed as president of the Seaboard Medical Association of Virginia and North Carolina at their 86th annual session June 20.

Kenneth H. Dudley, Ph.D. '63, is a contributor to the book "Epilepsy and the Oral Manifestations of Phenytoin Therapy," published by Karger Publishers of Basel, Switzerland. He is a professor of pharmacology in the UNC-CH School of Medicine.

Robert J. Cowan, M.D. '63, has been selected for fellowship in the American College of Radiology in honor of his special contributions to the medical profession. He is affiliated with North Carolina Baptist Hospital, Winston-Salem.

C. Thomas McLees, M.D. '65, has been in Corinth, Miss. as director of laboratory services at Magnolia Hospital for the past year. His daughter, Lisa, married Dr. Bill Brand of San Antonio, Texas July 12.

Edward H. Brown Jr., M.D. '57 of Lumberton, was recently chosen as the first recipient of the John McCain Memorial Fellowship, awarded by District IV of the American College of Obstetricians and Gynecologists (ACOG). The fellowship is designed to allow a practicing obstetrician-gynecologist to spend one month in Washington, D.C., obtaining first-hand experience in the development and implementation of federal programs and policies, and direct exposure to the complex interrelationship between the executive and legislative branches of the federal government.

During his stay in Washington, which began on May 19, Brown met with the congressional delegation from North Carolina and with officials from a number of federal agencies including: the Health Care Financing Administration, the Food and Drug Administration, the Office of Maternal and Child Health Programs, the Office of Adolescent Pregnancy Programs, and the Indian Health Service. In addition, Brown spent considerable time working with the ACOG's Government Relations staff in Washington, on the issue of government-funded sterilizations, and the resulting effect on patient care. Brown is chief, obstetrics and gynecology, at Southeastern General Hospital in Lumberton, and also maintains a private practice in that city.

The John McCain Memorial Fellowship is named for this ACOG fellow and former District IV chairman, in honor of his innumerable contributions to the ACOG. Dr. McCain, who passed away three years ago, was the first fellow to recognize the need for the college to become more involved in government affairs. Among the many issues with which Dr. McCain was involved were adolescent pregnancy, and adequate insurance (especially for maternity care), through third-party reimbursement.

Class notes

70s

Roy H. Schindelheim, M.D. '71, has been appointed chief of staff at George Mee Memorial Hospital in King City, Calif. He also has become certified in family practice.

James N. Martin Jr., M.D. '72, has moved to Jackson, Miss. where he will be a specialist in maternal-fetal medicine in the department of obstetrics and gynecology at the University of Mississippi Medical Center. He spent the last two years at the University of Michigan's Women's Hospital.

G. Dean Wilson Jr., M.D. '72, reports that living among all the "Big Orange" fans in Tennessee they have reaffirmed their "Carolina Blue" loyalty and named their new houseboat "The Tarheel." He invites classmates who may be traveling through the mountains of Tennessee to enjoy a Tarheel weekend on Watauga Lake.

The Medical Alumni Office does not have current addresses for the following. If you have pertinent information, please send it to 231 MacNider 202H, Chapel Hill, N.C. 27514.

James Harold Arnold, '48
Roger Douglas Billica, '80
Edgar Norman Boseman, '28
Gary Thomas Brotherson, '80
Cornelius Fitzharold Cathcart, '76
Stephen Michael Dorman, '74
Barry John Freeman, '80
Thomas David Goldston, '80
James 'Ewell' Graham Jr., '74
Eleanor 'Elaine' Wilson Greene, '81
Joseph Hodge, '52
Vernon Lester James Jr., '55
Edward Claude Jones, '80
Peter Clark La Rowe, '64
Dorothy Mae Linster, '78
Walkup Kennard McCain, '27
Marina Hoyt Henry Moses, '36
Gary Stewart Niess, '73
Frank Rainage Pilcher III, '33
Samuel Allen Pope, '33
Petrie Morrison Rainey, '80
Karl Arthur Ray, '66
Peter Tomaz Remec, '80
Janifer C. Roberts, '77
James Mebane Robertson, '30
Adolfo Bartolome Rodriguez, '08
Robert 'Mack' Rudisill, '49
Kenneth Layne Sheffield, '71
Michael Andrew Stang, '75
Murdo Eugene Street Jr., '35
John Hargett Thompson, '59
Shelby William Vance, '31
Roger Atkinson Way, '34
Robert Gladstone Wilson, '17

Marshall F. Goldberg, M.D. '73, reports that he is presently enjoying a challenging job as medical director for the Planned Parenthood Center in Memphis after spending two exhausting years in private ob-gyn practice.

Kenneth H. Wilson, M.D. '74, is on the faculty of the University of Michigan Medical School engaged in research in infectious diseases based at the V.A. Hospital. His wife Joanne is also on the faculty in G.I. and they are expecting their second child in October.

George W. Colclough, M.D. '74, has completed his anesthesia residency at the University of Kentucky. He is medical director of a free-standing outpatient surgery center in Greenville, S.C.

Dallas C. Craven Jr., M.D. '75, is in private practice in Charlotte after completing a residency in general surgery at the University of Iowa Hospitals and Clinics.

Charles H. Hicks, M.D. '76, has joined the staff of the East Carolina University School of Medicine. His specialty is cardiology.

Sabra A. Woodard, M.D. '76, has joined Raleigh Radiology Associates at Rex Hospital after completing a fellowship in nuclear cardiology at N.C. Memorial.

Tom Miller, M.D. '77, has become a member of the department of general services and internal medicine at the Mary Imogene Bassett Hospital in Cooperstown, N.Y.

Ray Mitchell, M.D. '77, is stationed with the Air Force in Washington, D.C.

Howard Stang, M.D. '77, started as a pediatrician with a large HMO in July after completing a one-year ambulatory fellowship. He and wife June have moved to Hugo, Minn , a small farming town, and are expecting their first child.

Carla S. Alexander, M.D. '79, has begun a residency in epidemiology and preventive medicine with concentration in geriatrics at the University of Maryland in Baltimore.

80s

Charles E. Ferree, M.D. '80, is in his second year of residency in internal medicine at the University of Virginia Hospitals. He plans to return to North Carolina in the future to practice.

John Markushewski, M.D. '80, finished his first year residency in family practice at the College of Community Health Sciences of the University of Alabama. He was elected secretary-treasurer of the Tuscaloosa Family Practice Residents' Association for 1981-82.

Steven L. Greene, M.D. '80, has completed an internal medicine internship at Geisinger Medical Center in Danville, Pa. and has begun residency training in dermatology at the Mayo Clinic.

Terri Bilz, HS '81, is beginning fellowship training in anesthesiology in Chapel Hill.

Doug Willson, HS '81, is beginning fellowship training in anesthesiology in Chapel Hill.

Jeannine Leatherman, HS '81, is beginning fellowship training in neonatology in Chapel Hill.

Ann Smith, HS '81, is beginning fellowship training in endocrinology in Chapel Hill.

Deaths

Sterling A. Barrett, C. Med. '32, Waterloo, Iowa

Louis C. Spillman, M.D. '54, Winston-Salem

The class of '78 was well represented when the 1981 recipients of Parke-Davis Teaching Awards were announced by the American Academy of Family Medicine.

The 12 recipients of the $1,400 awards included **James Evans Nicholson III, M.D. '78,** and **Susan Tripp Snider, M.D. '78** (see article, p.2).

They were selected from a field of 72 candidates on the basis of scholastic achievement, leadership qualities, and qualifications for and interest in part-time teaching of family practice.

Nicholson is a 1981 graduate of the family practice residency program at the East Carolina University Affiliated Hospital in Greenville, and Snider recently completed the Mountain Area Health Education Center Family Practice Residency program in Asheville.

The AAFP is the nation's second largest medical organization. The Parke-Davis Teacher Development Awards, given annually by the AAFP since 1977 to aid physicians who enter the part-time teaching of family practice following completion of their family practice residency, are made possible by a grant from the Parke-Davis Company of Morris Plains, N.J.

Headquartered in Kansas City, the 50,000-member AAFP was instrumental in establishing the medical specialty of family practice in 1969. The specialty, which evolved from classic general practice, now has more than 24,000 certified diplomates. It is supported by nearly 400 residency training programs in medical centers across the nation and by departments or divisions in more than 100 medical schools.

Consolidated giving should benefit contributors and entire University

There's a University-wide effort to make annual fund raising more efficient and effective, and the Medical Alumni Council has voted to make the Loyalty Fund part of this effort.

The Loyalty Fund provides support for alumni programs and other special needs of the School of Medicine.

Beginning this year, you will be invited to contribute to the Loyalty Fund through Carolina Annual Giving. This should result in your receiving fewer direct solicitations from the University (this will be especially noticeable if you got more than one degree from UNC-CH), while getting more "credit" for annual gifts. For example, if you gave $100 to Carolina Annual Giving last year and $150 to the Medical Alumni Loyalty Fund, you would have been listed as a Century Club member in the "University Honor Roll." By giving the same amounts this year, you would become a member of the Cornerstone Club, which represents a higher level of giving.

The benefit to UNC-CH is that the consolidated giving concept has been tried at other institutions, where it has resulted in significantly increased giving to all participating schools, colleges or programs within the institution.

"We will still acknowledge all gifts to the Loyalty Fund ourselves," says Dr. William B. Wood, '56, director of medical alumni affairs. "It is very important for Loyalty Fund supporters to remember to indicate what portion of their Carolina Annual Giving contribution is for the Loyalty Fund."

CAG director Gene Jackson says the new program "will give our contributors an opportunity to continue their vital unrestricted gifts to the University while allowing them to designate a portion or all of the gift to the program or school of their choice. We are optimistic that the combined giving concept will significantly increase the total support of University programs through Annual Giving."

The University Honor Roll, published annually by Carolina Annual Giving to recognize the University's supporters, will now be expanded to include not only those who make unrestricted gifts, but also those who designate gifts to specific areas. Heretofore, restricted gifts to schools or programs were not included.

"The new gift recording system," Jackson said, "will enhance the entire annual support program and will enable the University to pay tribute to all individuals whose gifts underwrite the high standards of this University."

The Honor Roll is being sent to all UNC-CH alumni, Jackson noted.

"The effect of the combined giving program can already be felt in annual giving," Jackson pointed out, "and by the end of the fiscal year we expect to see the positive impact of this program."

Those who provided support during 1980-81 for special projects and unforeseen needs of the medical school through the Loyalty Fund, the Co-Founders Club (a donor organization whose members contribute at least $1,000 annually) and via special contributions are listed on the following pages. Every effort was made to ensure accuracy, but if errors or omissions have occurred, we apologize in advance.

A letter from the president

Dear fellow alumni,

I had the pleasure of being your representative at the School of Medicine graduation last May, and can report that the class of 1981 was a very nice-looking, energetic and eager group of young people. Their professors told me they had done well and will be a credit to the University and to the profession. Aside from the initial shock of seeing a half-acre of doctors ready to get their diplomas (there were 160 graduates), the excitement and the ceremony had changed very little since you and I got our diplomas.

It's a pleasure to report when things are going well with the medical school, and as far as the dean, the faculty, and the students are concerned, things *are* going well. However, we already face cuts in the state budget for education and this year we will find out how large the cuts in aid from the federal government will be.

You don't have to be an economist or banker to realize there will be problems stretching this smaller amount of money to cover a student body, faculty, and physical plant that are still the same size. There will have to be changes, some shifts in future planning, and possibly even some increases in tuition costs; in short, a greater commitment by those who make up the medical school family.

It seems reasonable that this should inspire a similar commitment from all of us who share our earnings with our alma mater.

The Medical School Loyalty Fund is now part of Carolina Annual Giving. This consolidation reduces mailing lists and eliminates duplicate solicitation by the undergraduate and graduate schools. It also saves money. Obviously it is very important for you and I to remember to designate our donations to Carolina Annual Giving *for the School of Medicine*.

Larry Cutchin is directing our Loyalty Fund drive, and you have probably had a letter from him already. I hope you will join Larry and me in making a generous gift to Carolina Annual Giving, and hope you will remember to specify that the money is to go to the medical school. This year the need for our help is especially important.

My best wishes to each of you.

Shahane R. Taylor Jr., M.D. '59
President
Medical Alumni Association

The Loyalty Fund

The following Loyalty Fund contributors have provided support for student aid, research projects, special needs of the dean's office and alumni programs:

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Class of 1917

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Class of 1922

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Class of 1923

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Class of 1924

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Class of 1925

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T. J. Taylor, Roanoke Rapids

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John H. Reed, Gainesville, Ga.
Frank R. Reynolds, Wilmington
Kenan B. Williams, Winston-Salem
Isaac C. Wright, Raleigh

Class of 1943 December

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Truett Bennett, Kailua, Hawaii
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John H. Monroe, Winston-Salem
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Class of 1946

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Peter S. Scott, Burlington
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J. Lloyd Pate, Fairmont
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Class of 1948

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W. Ernest Powell Jr., Mars Hill
Shirley L. Rivers, Tucson
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Robert A. Griffin, Asheville
L. B. Hardison, Fayetteville
C. Ted Harris Jr., Charlotte
Tyndall P. Harris, Chapel Hill
Edward B. McKenzie, Salisbury
Charles F. Melchor, Bloomington, Ill.
Edwin W. Monroe, Greenville
Rose Pully, Kinston
G. Earl Trevathan Jr., Greenville
Harry G. Walker, Statesville

Class of 1950

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John L. McCain, Wilson
Charles L. Saunders Jr., Burlington
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Charles R. Vernon, Wilmington
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H. S. Kendall Willis Jr., Mt. Holly

Class of 1951

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Class of 1952

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H. Durwood Tyndall, Goldsboro
Edward S. Williams, Durham

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William D. Huffines, Chapel Hill
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A. Smith Lineberger Jr., Fairfax Station, Va.
William L. London, Durham
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John L. Monroe Jr., Chapel Hill
Thomas R. Moore, Jacksonville
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William J. Waddell, Prospect, Ky.
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William R. Harris, Hickory
John L. Hazelhurst, Asheville
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Irl T. Sell, Phoenix
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Robert B. Payne, Charlotte
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Cecil H. Rand Jr., Greenville
W. R. Samuels, Charlotte
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Donn A. Wells, Ft. Lauderdale

Class of 1962

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G. Thomas Davis, Asheboro
H. G. Hartzog, Raleigh
Edward McG. Hedgepeth Jr., Durham
Charles M. Hicks, Wilmington
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Frank Sabiston Jr., Kinston
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William M. Crutchfield, Elizabeth City
Cyrus L. Gray III, Tampa, Fla.
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Thomas J. Koontz, Winston-Salem
Peter L. Morris, Santa Barbara, Calif.
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J. Lewis Sigmon Jr., Charlotte
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Class of 1967

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Don C. Chaplin, Graham
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John L. Kirkland, Houston
Carole W. Samuelson, Birmingham
James A. Whitaker III, Wilson

Class of 1969

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John L. Davis III, Atlanta
Stewart L. Ellington, Salt Lake City
C. R. Fleming, Rochester, Minn.
Frank B. Gray, Knoxville
John G. Johnston, Charlotte
W. Thomas Rowe, Greensboro
Franklin T. Tew, Orlando
J. Gilbert Wallace, Southern Pines
Nelson Watts, Asheville

Class of 1970

H. Clifford Baggett, Rocky Mount
Daniel L. Crocker, Rocky Mount
W. Borden Hooks Jr., Mt. Airy
F. G. Kroncke Jr., Rocky Mount
James A. McQueen, Laurinburg
James D. Melton, Morganton
Thomas W. Nicholson, Washington
George M. Oliver Jr., Morehead City
David A. Rendleman, Raleigh
James B. Sloan, Wilmington
Dewey D. Walker, Aurora, Calif.
E. Lance Walker, Englewood, Colo.
William Weatherly, Greensboro
J. E. Winslow Jr., Roxboro

Class of 1971

J. Richard Auman, Charleston, S.C.
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Charles B. Brett, Greensboro
Enser William Cole III, Severna Park, Md.
James S. Fulghum III, Raleigh
Mary Susan Fulghum, Raleigh
Michael R. Knowles, Chapel Hill
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Dean Bondurant introduces the principal participants in the dedication of the H. Houston Merritt Electron Microscopy Lab during last spring's Co-Founders Club meeting: Mable Carmichael Merritt, Dr. Merritt's widow; Dr. James N. Hayward, Merritt professor and chairman of neurology; and Mrs. F. Ogburn Yates, 1980-81 president of the Co-Founders Club.

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Program treats whole patient

By Deborah Lamm

One day out of every month, Dr. Suzanne Sauter, '74, slips away from a busy schedule in Chapel Hill to go to Wilson.

She goes to the community to head up a dedicated staff of a model rehabilitative arthritis project funded by the state and conducted through the Wilson County Health Department. It is the sole project of its kind in the state.

"Treatment really has changed in the last ten years," Sauter says. "We try to identify any resources that would be helpful (to the patient)."

A comprehensive rehabilitation clinic is designed to mesh a physician's treatment with occupational and physical therapy and home health nursing care.

Care is more "piecemeal" without the clinic, explains Dr. Lawrence Krabill, a local physician. "It reduces the cost (of arthritis) to society and the individual if rehabilitative and medical care are combined" he says.

The Wilson Community Arthritis Clinic is held on the fourth Wednesday of each month from 8:30 a.m. to 4 p.m. at sites alternating between Carolina Clinic and the Wilson Clinic. Patients must be referred by their private physicians. Charges are similar to regular clinical visits but vary from patient to patient.

The clinic is "an attempt to provide comprehensive care in a clinical setting to a significant number of patients," Sauter says. An effort to reach homemakers and unemployed individuals who are having problems carrying out their functions is stressed.

"Many patients could be treated earlier. I foresee that wheelchair confinement will become obsolete," she says.

"Many times medicine is inadequate for management of arthritis," Sauter says, adding that arthritis can be controlled.

"We generally combine rest, progressive exercise, joint protection, energy conservation and assistive and adaptive aids."

Dr. Suzanne Sauter, right, and Lucy Clark examine self-help aids.

Assistive and adaptive aids include jar snafflers, hand mitts for supporting the wrist, button hooks, back scrubbers and other everyday items with extension handles.

"They have certainly made for many patients the difference between being functional and not," Sauter notes.

Literally, arthritis means the inflammation of a joint, but the cause of arthritis is not known.

The Arthritis Foundation warns sufferers not to think that "because there is no cure there is also no effective treatment for arthritis."

Treatment by a qualified physician can bring relief to the patient and prevent disability, says the foundation. "One way to recognize a responsible physician is that he'll never claim he can cure arthritis, only that he can control it."

"There are over 100 types of arthritis," Sauter points out. "People see it as grandmother's aches and pains that the doctor just says she has to live with."

Rheumatoid arthritis is known as "crippling arthritis" but only 50 percent of patients are ever crippled to any degree. For patients who have been crippled, "a lot of dysfunction was preventable in earlier stages of the disease."

Treatment is crucial for arthritic patients. "We see a lot of people who just drop out of therapy," Krabill says. "Their joints get 'burned out' and then they are only correctable by surgery."

"Patients are very receptive to the idea of having an arthritis team," says Lucy Clark, the home health nurse who coordinates the program here.

To ensure that patients don't drop out of the program, Clark conducts a series of education classes for patients. Her first series has been so successful that the patients want to form a club and continue meeting, she says with a hint of pride in her voice.

Treatment for patients is wide-ranging and runs the gamut from gold treatment to surgery. "It has to be tailored to the individual patients," Sauter explains. "There is no cookbook."

At the clinic, medicine and therapy may be suggested for the patients. Each patient is evaluated by a physical therapist and an individualized exercise regimen is developed if necessary. The patient does the exercises at home but the physical therapist is available for assistance.

Occupational therapists evaluate a patient's ability to function independently and assists the patient in developing his ability to perform activities minimizing stress on the joints which might cause inflammation or deformity.

A rehabilitation counselor also evaluates the patients and provides psycho-social counseling. The aim of the counselor is to keep or return the patient to a productive status.

A nurse serves as liason between the patient and other health professionals. All patients are kept in touch with the clinic by telephone and are scheduled for return visits every six months. □

Deborah Lamm is a writer for the Wilson Daily Times, from which this article is reprinted.

Calendar

Medical Alumni Activities

November		
11	Publications Advisory Board	MacNider Hall
16	So. Medical Association Alumni Social	The Marriott, New Orleans
April		
2-3	Medical Alumni Annual Meeting	Chapel Hill
May		
7	N.C. Medical Society Annual Meeting Alumni Social Hour	Pinehurst

Continuing Education

December		
4-6	Drug Management of Childhood Behavior Disorders	Hotel Europa, Chapel Hill
January		
20-22	Alcoholism: The Search for the Sources	Hyatt House, Winston-Salem
January-February		
Six weeks	First District Medical Society Postgraduate Course	TBA
February		
12-13	Carolina Ocutome Workshop	Berryhill Hall
12-13	Modern Management of Infertility	Hotel Europa, Chapel Hill
March		
8-12	Internal Medicine 1982	Berryhill Hall
19-20	Ophthalmic Pathology	Berryhill Hall
April		
5-6	Cancer Research Symposium	Chapel Hill
5-8	Cardiovascular Disease Update	Pinehurst
16-18	Radiology Symposium	Hilton Head Island, S.C.
23-24	Intraocular Lens Implantation Workshop	Berryhill Hall
May		
29-30	Obstetrics and Gynecology Update	Holiday Inn, Wrightsville Beach

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